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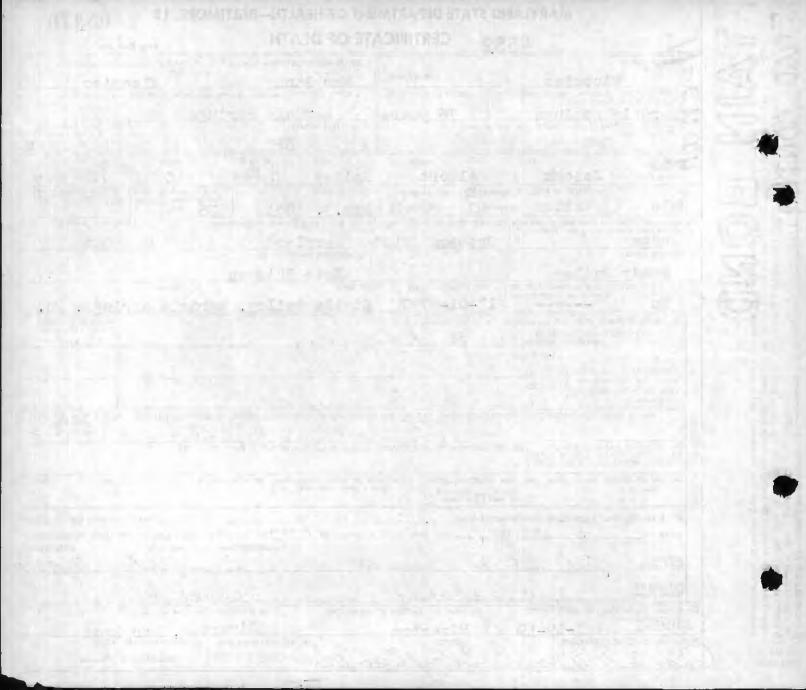
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08470

) ב	20	CERTIFICATE	OF	DEATH
35	52	CERTIFICATE	O	DEATH

Pag Dist No.

-											*** ****	
)	1.	PLACE OF DEATH	lcomico		MARYLAN	G. SIAIE	esidence (wi		lived. If institut b. COUNTY		omico	Imissian)
		b. CITY OR TOWN (II	autside carporate limit	s, write	c. LENGTH OF STAY IN 1				ote limits, write I	RURAL and	give nearest	town)
		RURAL and give ne	Springs		76 year		Mardel					
		d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address)		T ADDRESS		11122		0	RESIDENCE IN A FARM?
	3.	NAME OF UECEASED	Fire	t	Middle		Last	4. DATE	Mai	- th		
		(Type ar print)	Joseph		Albert	Baile	y	OF DEATH		7	Day 16	Year 195" 9
		Male	Mhite	7. MARR	NEVER MARRIED DIVORCED	Mar.			. AGE (In years last birthday) 76 yrs.	Months	Days Ha	INDER 24 HRS.
	10a	. USUAL OCCUPATIO	N (Give kind of work o	lane 10b.	KIND OF BUSINESS OR IN						IZEN OF W	HAT COUNTRY?
		Judge	ing life, even if relired)		rphnas Cou		rylan				USA	
	13.	FATHER'S NAME					R'S MAIDEN N					
1		Handy I	Bailey			Ka	te Ph	1ppen				
1	15. IYe	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFORMANT			Ado	iress		
1		No		21	7-01-6797	Stell	a Bai	ley.	Mardel	a Spr	ings	. Md.
			TH WAS CAUSED BY:		ne for (o), (b), and (c).]	- 11.					INTERVA	L BETWEEN
		u.u.2x	IMMEDIATE CAUSE (a) DUE TO		- Paral wo	Marcia	7	-			1 lan	ac K
		Canditians, if an	us sublah Y			' '	0					
		gave rise to in	nmediate (***							
		lying cause last.	he under-		arteriorde	este o	e phil	tis			7	
^	CATION	PART II. OTH	ER SIGNIFICANT CONE	DITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PART	T I(a) 19. W	AS AUTOPSY
0				a	torioschut	= Hent 1	hourie	· Bron	whoch	ses.		RFORMED?
	CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCCUR	RED. (Enler nature	e of injury in f	Part I or Part 1	l of item 18.)			
	MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea	While	NJURY OCCURRED 20e. Nat while at work	PLACE OF INJUR factory, street, af	Y (Hame, form fice bldg., etc.	, 20f. (City o	ar tawn)	(C	County)	(Stole)
		21. I certify the	ot I ottended the	decease	ed from, 12/2	2 19.5	8 to	den	1/1-19	that LI	last saw t	he deceosed
		olive on	7/15-	., 19_2	, ond that dec	th occurred o	1 /2 02 1	M, from	the causes	ond on th	ne date si	lated phove
			1	1	1				et, city ar tawn,			DATE SIGNED
,		SIGNATURE	E, es	1	h Jan	M.O.		Doll	2020	Oel		7/1859
/		PHYSICIAN'S NAME (Type)	E.A	1. (ARMORE			DE	MAR	DE	_ ′	
	220	BURIAL CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY		22d LOCATIO	ON (City, tawa),	or county)	(State)
	I	Burial"	7-19-5	9	Riverton			Rive	erton.	Mary	hand	
1	23	FUNERAL DIRECTOR'S	SIGNATURE	17	ADDRESS	- 0	7	D BY REGISTRA	AR 24b. REGI	STRAR'S STO		
(1	Asker!	Man	el	- Skarly	un //2	DATE J	IUL 21 '9	59 (irthur .	8. Kinua	,



SALISBURY MARYLAND

VS A15 (4) 15M 9/58

HOLLOWAY & COMPANY

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VS. A1SME(S) 5M 9/55

MARYLAND STATE DEP	ARTMEN'	OF	HEAL	TH-	BAL	TIMO	RE,	18
8493 MEDICAL EXAM	INER'S	CERT	IFICA	TE	OF	DEA'	TH	Re
	2.	USUAL	RESIDENCE	(Where	deceose	d lived.	If Institu	tions

									Reg. Dist. I	¥0.	
PLACE OF DEATH	4			11	SUAL RESIDENCE (Where deceo			on: Residence I	pefore adm	nission)
0. (001111	Wic	omico	MARYI	AND	STATE Mary	vland	8. C	OUNTY	Some	rset	V
b. CITY OR TOW	N (If outside corporate limits, wr	Ne RURAL	c. LENGTH OF STAY	N 1b	. CITY OR TOWN (If outside car	porote limits,	write RI	URAL and give	nearest to	own)
Sal	sbury				Prince	ess A	nn		19x-	2	
d. NAME OF HO	SPITAL OR INSTITUTION	(If not in hos	pital, give street address) (I. STREET ADDRESS					e. IS I	RESIDENCE
Pen	insula Gen	eral] NO [
3. NAME OF DECEASED	Fi	irst	Middle		Lost	4. DATE OF		Month	De	TY .	Year
(Type or print)	Sherw			Ball		DEATH		7-2	7-59	V	19
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In y		Months Days	R IF UNI	DER 24 HRS
M	C	WIDOWED	70	_			37	yrs.	Days	110015	min.
	ATION (Give kind of work orking life, even if retired)		IND OF BUSINESS OR I	NDUSTRY 1	, BIRTHPLACE (Stote	e or foreign	country)		12. CITIZEN	OF WHAT	COUNTRY
Labe			Farm		Maryla	and			US	A	
13. FATHER'S NAMI					NOTHER'S MAIDEN						
	Ballard				ottie K:	irkwo					
IS. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFORM				ddress			
				Arli	e Ballar	rd Ver	nton,	Mar	yland		
	SEATH (Enter only one co	use per line i	for (a), (b), and (c).]						IN	TERVAL BETW	VEEN EATH
PART 1. [DEATH WAS CAUSED BY:	d Cer	ebral con	tusio	n with	necro	sis			3	days
816)	DUE TO		ctured sk								
	f any, which)										
gave rise to in	mediate couse										
(o), stating 1) cause last.	onderlying!	c)									
PART II.	OTHER SIGNIFICANT CON	-	ENTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERM	AINALDISEAS	E CONDITIO	N GIVEN	N IN PART I(a)	19. WAS	AUTOPSY
PART II. 20g. EXTERMAL PRIMARY Pror CAUSE OF DEA										YEST	ORMED?
20g. EXTERNAL	CAUSE WAS _ 2	Ob. DESCRIBE	HOW INJURY OCCUR	ED. (Enter n	oture of injury in Pa	irt I ar Part II	of item 18.)			1 2 2	
CAUSE OF DEA	CAUSE WAS CONTRIBUTING 2	Drive			lved in			5ee	on co	1110	ion.
	VJURY Month, Day, Ye			. PLACE OF	INJURY (Home, fan	m. 20f. /Cit	y or lown)	au	(County)	1110	(Stote)
Hour_o.	m		Not while R	factory, st	eet, affice bldg., etc	c.)					
220				Rout				-	in Som		
	that I took charg	-			_	-	nspection		Inquiry	_, and	find the
death result	ted from: Natural	causes [, Accident XI,	Suicide	, Homicid	e [], U	ndetermin	ned co	use [].		
ACTUAL										DATE	SIGNED
SIGNATURE		_		M.D			•				
EXAMINER'S					ASSISTANT MEDIC		_	. 05			
NAME (Type)	Earl		Royer, M.D	-	DEPUTY MEDICAL				7-59		
20. BURIAL, CREMA	tion, 226. DATE THERE	OF	22c. NAME OF CEMETER		ATORY		ttage	down, or	ove, Ma	(Sto	te)
			John We	area							
23. FUNERAL DIRECT	FOR'S BIGNATURE	4	ADDRESS	1	24a. REC	TO BY REGIST	TRAR 24b.		RAR'S SIGNAT	-	
Hom. H.	James Vr	· 1/4	messella	ne //	d. DATEAL	Ju o	2	المالات	wo f. the	we	

Title a language for the same chological to an August of one at furthern the to works. a service of our contract of the service of filled ages 1 c

D HOSPITAL OR ATTENDING P. ICIAN: The law requires that the death certificate be executed may be rested by the haspital of the desired by the haspital of the desired by the attending physician. D FUNERA RECTOR: After this certificate has been signed by the attending physician and complete page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers, the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL TO FUNERA

VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 84

9	4	CERTIFICATE	OF	DEATH
40	-			

8		1184	73
Reg.	Dist.	No.	

1. PLACE a. COU	OF DEATH	Wicomico		MARYLA	ND	2. USUAL RESIDENCE (WI	here deceased	d lived. If instituti b. COUNTY				
b. CITY RURA	OR TOWN (I	f autside carporate lim arest town! DULY	ils, write	c. LENGTH OF STAY IN 2090 day		c. CITY OR TOWN (IF of Bladens			CURAL and g		est lown)
d. NAA OR I	INSTITUTION	AL (If not in hospital, of Head Stat				d. STREET ADDRESS	6th St			8.		DENCE FARM? NO
3. NAME DECEA: (Type of	SED	Fic Ri.o	hard	Middle		Beans	4. DATE OF DEATH	Jul		20	Y 1	959
s. sex Mai	le	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED ED DIVORCED [February 2,	1884	9. AGE (In years last-15hday) yrs.			F UNDE Haurs	R 24 HRS Min.
10o. USUA during	L OCCUPATION OF WORK	ing life, even if relired	dane 10b.	KIND OF BUSINESS OR I	INDUST	Hampton	_	ountry) nuda Isla		ZENOFV	WHAT CO	DUNTRY
13. FATHE		nomas Beans	3			14. MOTHER'S MAIDEN P		(?)			- 8	
15. WAS D	unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of r	CES? 16.	SOCIAL SECURITY NO.	1041	ORMANT Hospital Re	cords,	Sa lis bu		aryla	and	
3		TH WAS CAUSED BY: , IMMEDIATE CAUSE (c	Chr	ne for (a), (b), and (c).] ronchopneumo onic cerebra		clerotic deg	enerat	ive chan	ges	ONSE	day	DEATH S
B a A	e rise la in e (a), stating g cause last.	mmediate (DUE TO)	d cerebral t							3	
CATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS			ot related to the term s mellitus	INAL DISEAS	E CONDITION GIV	VEN IN PART		PERFOI YES 1	AUTOPSY RMED? NO []
O THE FIL	ACCIDENT WA ONTRIBUTING THER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in	Part I ar Par	t () of item 18.)				
	IME OF INJUR Haur a.m. p.m.	Y Manth, Day, Ye	While			E OF INJURY (Hame, farm try, street, affice bldg., etc		y ar tawn)	(0	County)		(State
ACTU.	e an J	V ver	, 19_ ULS	uv.	eath (, 1953, to occurred at 6:05P Deer's H	M, from ADDRESS (S	tate Hosp	nd an the	st saw e date	stated	abave signe
220. BURI	E (Type)AL, CREMATIO DVAL (Specify)	N, 226. DATE THERE		22c. NAME OF CEMETE	RY OR			TION (City, lawn,	or county)		(Sigh	e)
23. FUNER	AL DIRECTOR	S SIGNATURE	1/1	ADDRESS 14	11	-	D BY REGIST	0	ISTRAR'S SIC			

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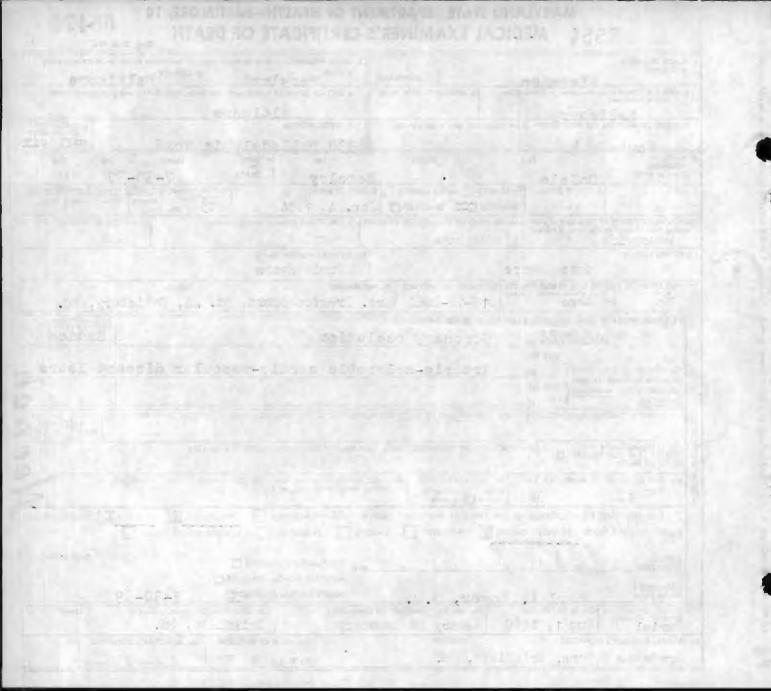
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TO DEPUTY MEDICAL EXAMINATE: This certificate shauld be executed within 24 haurs after de	cute the certificate, writing the prd "pending" in pencif in Item 18. Give Pages 1, 2, and 3		TO FUNE TO DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 y
2	The	07	9
30	0	Z.	FU
0	0	50	0
l)ma			F
VS	. A		ΑE

SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8554 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	O O	001								Reg. I	Dist. No		
1,	PLACE OF DEATH					2. USUAL RESIDEN	CE (Where d	eceased			dence bel	ore odm	ission)
	a. COONII	Wisomic	0	MAR	YLAND	o. STATE May	vlan	1	b. COUNT	Bal	tim	ore	~
ŀ	o. CITY OR TOWN (If a			e. LENGTH OF STAY	IN 1b	c. CITY OR TOW	/N (If auhide	corpore	ate limits, write				wn)
		ishury.				F	Balti	nore		03	X - 0	2	
(If not in ho	spital, give street addre	198)	d. STREET ADDR	ESS					ON	ESIDENCE A FARM?
	Route	#4				18330 Phi			a Roa	<u>a</u>		YES [NO
,	NAME OF DECEASED	Fi	st	Middle		tou	4. DA	TE ATH	Month		Doy	Y	ear
	(Type or print)	Dalsie	1	Α.		Beasley	DE			-30-	-		9
\$. 5	SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIE	_	DATE OF BIRTH		9.	AGE (In years last birthday)	Months	R TYEAR	Haurs	ER 24 HRS.
	F	W	WIDOWE			Jan. 4, 18			75 yrs.	Negriins	Doys	noors	min.
100	LUSUAL OCCUPATION Buring most of working Housewife	life, even if retired)		kind of Business or wn home	INDUSTI	Maryla:		ign coun	ntry)		TIZEN O	F WHAT	COUNTRY?
13.	FATHER'S NAME			W. 11041-		14. MOTHER'S MAID			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
		James Som	ers			Annie 1	Evans						
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO	. 117. JN	FORMANT			Address				
(Yas	NO NO	None	service) 2	18-16-8664	Mrs	. Preston	Scott	, Rt		Salis	bury	, Mô	
	18. CAUSE OF DEAT	H [Enter only one can	se per line	for (a), (b), and (c).]							INTE	TAND DE	EEN
		H WAS CAUSED BY		Coronary	occ]	lusion					S	udd	en
	420.1	DUE TO											
	Conditions, if an	y, which) (b)		Arterio-s	cler	cotic car	dio-	vas	cular	dise	ase	Yes	ars
	gave rise to immedi (a), stating the vi	iale cause											
	cause last.	(c											
X	PART II. OTHE			ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE 1	FERMINALDI	SEASE C	ONDITION GIV	EN IN PA	RT 1(a) 1		
ATIC											,	PERFO	RMED?
CERTIFICATION	200. EXTERNAL CAUS	SE WAS _ 20	b. DESCRIE	E HOW INJURY OCCU	RRED. (Er	nter nature of injury is	n Part I ar Pa	art II of i	item 18.)	· · · · · · · · · · · · · · · · · · ·			
CERT	20a. EXTERNAL CAUSE PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING [
	20c. TIME OF INJURY	Y Month, Day, Ye	or 20d.	INJURY OCCURRED	20e. PIAC	F OF INJURY (Home.	form. 20f	(City or	towni	ICe	ounty)		(State)
MEDICAL	Havr a.m. p. m.	19	Whil		facta	ry, street, office bldg.	, elc.)	(city or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,		(5,0,4)
	21. I certify the	of I took charge	of the	remoins describe	d obov	re, held on Aut	орѕу 🔲,	Insp	ection K.	Inqui	гу 🗶	, and	find that
	deoth resulted	from: Notural	couses [Accident 🔲	, Suic	ide [], Homi	cide [].	Unde	etermined c	ouse			
		1	A			- 3	_			-			
	ACTUAL	Enl	- VS	~ ~ ~		M.D. CHIEF MEDIC	AL EXAMINE	R 🔲				DATE S	IGNED
				X		ASSISTANT M	EDICAL EXA	MINER [
	EXAMINER'S NAME (Type)	Earl L	- Ro	ver M.D.		DEPUTY MEDI	CAL EXAMIN	IER T	7-	30-5	9		
22a	BURIAL CREMATION			22c. NAME OF CEMET	ERY OR	CREMATORY	22d, L	OCATIO	N (City, town, o			(Stat	0)
	REMOVAL (Specify) Burial	Aug 1, 1	959	Asbury ME	Ceme	tery			leld, Mo				
23.	FUNERAL DIRECTOR'S			ADDRESS		240.	REC'D BY RE	GISTRA	24b. REGIS	TRAR'S SI	GNATUR	E	
	Bradehaw /	& Sons. Cr	isfie	. bM . b.		217	- (man) - E	150	0	-1	0 4		



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VS A15 (III)

15M 9/55

118475

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY -SOM CRSCI - CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) INDESS d. STREET ADDRESS e. IS RESIDENCE YES IN NO ! 4. DATE Month Day Year OF DEATH BENSON 100 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days / yrs SIRTHPLACE (Stole or foreign country) 12-COTIZEN OF WHAT COUNTRY? JWEDEN 14. MOTHER'S MAIDEN NAME mo INTERVAL BETWEEN ONSET AND DEATH days the cardia vasantar disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slate) factory, street, office bldg., etc.) that I last saw the deceased and that death accurred at 1.4% Aram the causes and an the date stated above. ADDRESS (Street, city or town, stote) **DATE SIGNED** Maryland Ave. Salisbury, 23¢. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) **BEMOVAL** (Specify) Wallock KUZZE 1211 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Orthur & Kraus



TO HOSPITAL OI ATTENDING PY EIAN: The law requires that the death certificate be executed of a 24 ham may be red to by the hospital criterial physician. TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

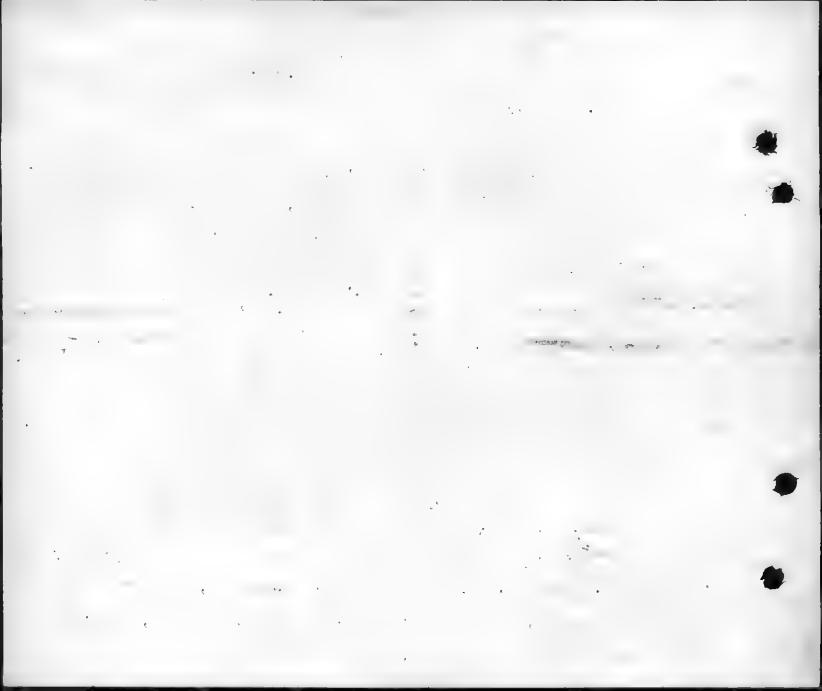
VS A15 (4) [5M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8555

CERTIFICATE OF DEATH

Reg. Dist. No.

o COUNTY Wicomi	.00	MARYLAND	2. USUAL RESID	ence (Where decease laryland	ed lived If institute b. COUNTY		ore admission) OMICO
b CITY OR TOWN (If outside cor RURAL and give nearest town) POWE 1	m 600	c. LENGTH OF STAY IN 1b		OWN (If outside corp		tURAL and give ne	arest fown)
d. NAME OF HOSPITAL (IF not in OR INSTITUTION IN V1)	hospitol, give street o	oddress)	d. STREET A	n Villag	;e		e IS RESIDENCE ON A FARMA YES NO (2)
3 NAME OF DECEASED (Type or print)	THURMAN	Middle JAMES	BODLE	O.E.		LY 3r	d 1959
5. SEX 6. COLOR Nale Whi		D DIVORCED	B DATE OF BIRTH		9 AGE (In years lost birthday) 58 yrs.	Months Doys	R IF UNDER 24 HRS Hours Min.
100. USUAL OCCUPATION (Give kinduring most of working life, ever Self Employeed	d of work done 10b. I			ACE (State or foreign			S A
13. FATHER'S NAME				MAIDEN NAME			
Joseph Bodle				e Perdue			
Is WAS DECEASED EVER IN U. S. A (Yes, no. or unknown) If yes, give wor Unk	or dates of service]	SOCIAL SECURITY NO	rs Maggi Powel	e E Bodl lville,	ey(Wife Marylan	d.	
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	DUE TO (b) DUE TO (c)	Jeneraly Croncles	genie	Call	mals in	in i	Set and death Smir
20g ACCIDENT WAS UNDERLY	NG [20b DESC	RIBE HOW INJURY OCCUR					PERFORMED? YES NO K
	AMINER)	•					
20c TIME OF INJURY Month, Hour a m p.m.	Doy, Year 20d IN While ot work	Not while f	octory, street, office	fome, form, 20f (Ci bidg , etc.)	lty or town)	(County)	(State)
21. I certify that I atten	ded the decease	^	h accurred at	10 PM. From	the causes ar	nd an the date	w the deceased above DATE SIGNED
ACTUAL SIGNATURE	st4.	Graph M	Jm.d	ADDRESS	Street, city or town,		5 /1959
PHYSICIAN'S Dr. Rol	pert A.	Frubb	Bay	St. Berl	in, Mar	yland	
220. BUR AL, CREMATION, 226 DA REMOVAL (SACCIFY) JULY	TE THEREOF 5,1959	22c NAME OF CEMETERY St Johns			ATION (City, town, rellvill		land (Stole)
23 FUNERAL DIRECTOR'S SIGNATUR		ADDRES\$		24a. REC'D BY REGI		ISTRAR'S SIGNATU	
HOILOWAY & COI	TPANY SA	ALISBURY, MA	KYLAND	DATE JUL 8	59 a	Thur S. Kras	406



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VS A15 (4)

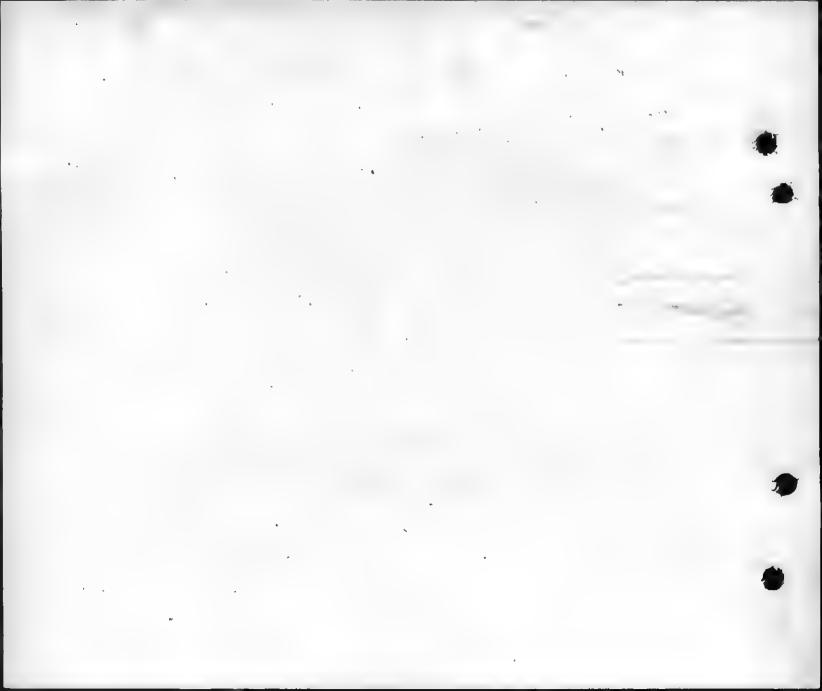
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 8 (See Birth certificate) 7/31/09 iwk CERTIFICATE OF DEATH

H. James Jr. Princess Anne. Md

114/21.

DATE

8496 Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Somerset o. COUNTY b. COUNTIARY Land MARYLAND CITY OR TOWN (if outside carparate limits, write c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neprest flown) Month Princess Anne.Md L15 15 L d. NAME OF HOSPITAL (If not in hospital, give street address). e IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO TO Middle 4. DATE Year DECEASED OF DEATH (Type or print) 190 9. AGE (In years) IF UNDER TYEAR IF UNDER 24 HRS 5 SEX MARRIED NEVER MARRIED 17 8. DATE OF BIRTH April 10, 1959 WIDOWED | DIVORCED [Toa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Marvland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah F.Stevenson INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Sarah F. Stevenson. Princess Anne, Md INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17. WAS AUTOPSY PERFORMED? YES TI NO 12 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Port II of item 18.] 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (State) Day, Year (County) factory, street, office bldg., etc.) Hour o.m. While Nat while at work at work 21. I certify that/Lattended the deceased from , 19) /that I last saw the deceased and that death accurred at II. A.M. from the causes and an the date stated above. **ADDRESS** (Street **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City toyn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify)
Bur 1a1 Wesley John Cottage Grove, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Thouse



Orthur S. Kraus

DATEJUL 2 0 '59

n 24 hours after death. Page 4

requires that the death certificate be executed

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HOLLOWAY & COMPANY

al. XV

	843	16	CERTI	IFICA	TE OF DEA	AIH		Re	g. Dist. No)
1. PLACE OF DEATH • COUNTY	Wicomico		MAR	CLAND	2. USUAL RESIDENC o. STATE Ma	E (Where		If institution: F	lesidence bef 100m1	ore admission} _V
b CITY OR TOWN RURAL and give	(If outside corporate in Salisbury	nits, write c	LENGTH OF STAY	IN 1b	city or town	N (If outsid 11isb		nits, wrete RURA	L and give no	arest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospito), Pen Gen H	give street odd ospita			d. STREET ADDRE		ncoln	Ave		e is residence on a farm? Yes NO-L
3. NAME OF DECEASED (Type or print)	NE	irst A. L	KCIT	H	BOZMAN		DATE OF DEATH	JULY		5th 1959
5. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED [DIVORCE	ED 🗍	July 16,1	.958	9. AG		TIT 29	R IF UNDER 24 HR Hours Min
None	TION (Give kind af wark orking life, even if retire	d)	one	OR INDUS			oreign country) , Mary		12. CITIZEN C	S A
13. FATHER'S NAME Woodle	Carroll l	Bozman	Jr		14. MOTHER'S MAIL Pegg		ean Fi	elds		
15 WAS DECEASED ET (Yes, no or unknown)	VER IN U. S ARMED FO		CIAL SECURITY NO	M	Ave.	C.Bo Sali	zman(sbury	Father Maryl)511 and	Lincoln
	EATH (Enter only one of EATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO	0)	or (0), (b), and (c).	eng	ga Me				IN.	TERVAL SETWEEN AND DEATH
Conditions, if gave rise to cause (o), statin lying couse los	immediate DUE To	b} o								×
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	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY O	CCURREC) (Enter nature of inju	iry in Port	lar Part II of i	tem 18.)		
ZOC. TIME OF INJ	10	while of work	RY OCCURRED Nat while of work	20e, PLA forc	CE OF INJURY (Hame tary, street, office bldg	, farm, 2 g., etc.)	10f (City or tov	m)	(County	(Stat
	that I attended the	deceosed , 19.5	fromlul , and that	deoth	occurred ailO:	30A,	from the c	, 1959tho ouses and a ly or town, state	n the dot	w the decease e stated abov DATE SIGNE
ACTUAL SIGNATURE	Villiam	<u>C.</u>	Marg	on	M.D				Jul	y 14 159
PHYSICIAN'S D									K-4	aryland
270. BURIAL, CREMAT REMOVAL (Special BUT 1.3.	61		Wicomi		Memorial			isbury		land
23. FUNERAL DIRECTO	P'S SIGNATURE		ADDRESS		24a.	. REC'D BY	REGISTRAR	24b REGISTRA	R'S SIGNATE	JRE

SALISBURY MARYLAND



SALISBURY, MARYLAND

arthur S. Krous

DATEJUL 1 4 '59

TO HOSPITAL OR ATTENDING PICTURN: The law requires that the may be read by the haspital of the discontinuous being by the TO FUNERAL RECTOR: After this certificate has been signed by the page 3 should be detached for use as the burtal-transit permit. This page 3 should be detached for use as the burtal-transit permit. This

VS A15 (4)

15M 9/58

HOLLOWAY & COMPANY

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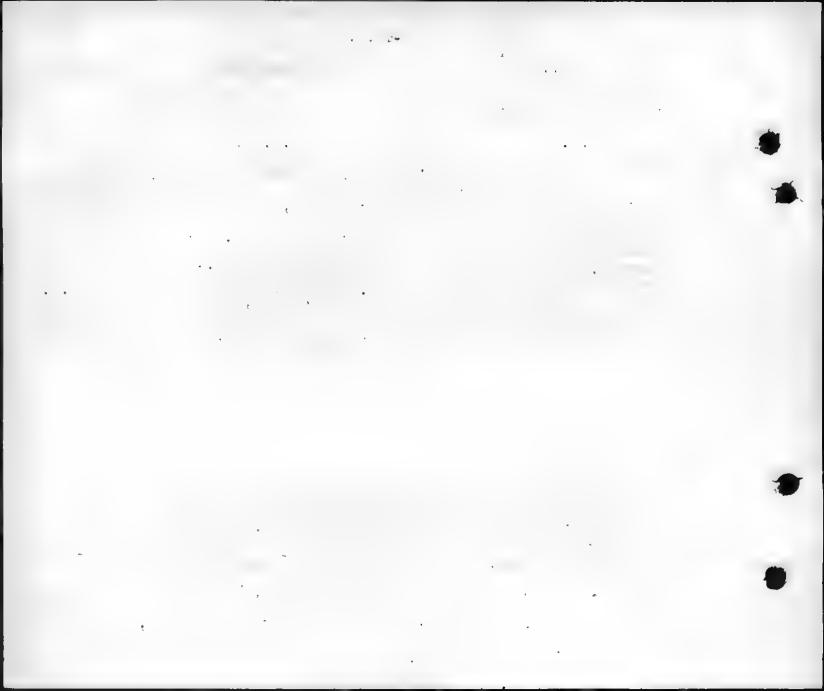
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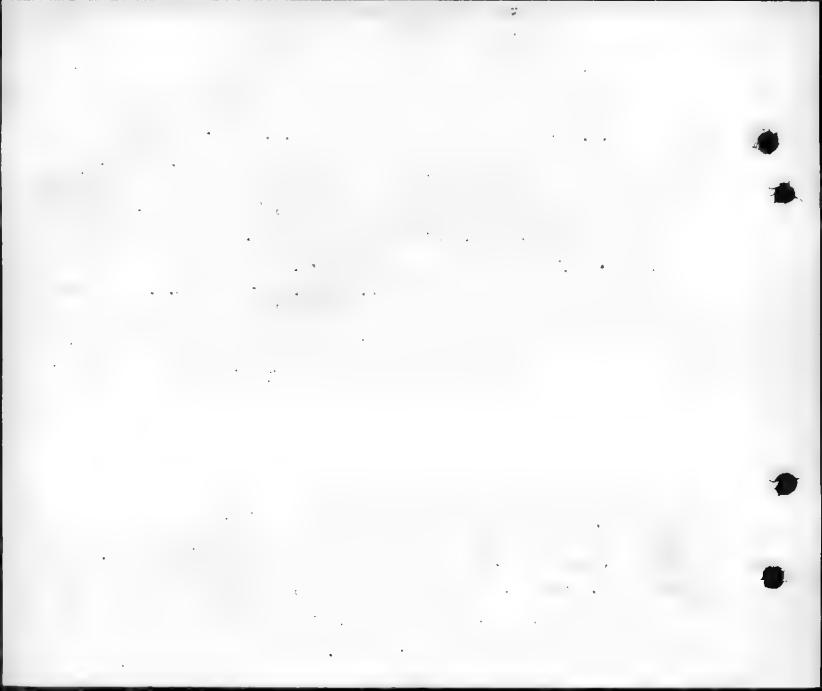
124 hours after death. Page 4

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8557

CERTIFICATE OF DEATH

			Keg.	UIST, INO.
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND		re deceased lived. If institution: Residing to COUNTY W	dence before admission) icomico
b. CITY OR TOWN (If outside corporate limits, write c. L RURAL and give represt town) Delmar(Rural)	ENGTH OF STAY IN 16		iside corporate limits, write RURAL or ar (Rural)	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddre or Institution, D.# 3(Delmar R	load)	d. STREET ADDRESS R.D.	# 3(Delmar Roa	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) LYNDEN	BURTON	BROWN	4. DATE Month OF DEATH JULY	8 th 19 59
Male White WIDOWED] DIVORCED [B DATE OF BIRTH August 24,1	906 lost birthdoy) Month	DER TYEAR IF UNDER 24 HRS
4	of Business or Indus	r) Sussex C	o. Delaware	USA
Nathaniel B.Brown		Maggie J		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16 SOCI (Yes no or unknown)] (If yes, give wor or dates of sennice)	IAL SECURITY NO	Pomary G. Bro Delmar,	wn(Wife)R.# Maryland	3(Delmar Rd
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (b) Lec DUE TO	iony terre	and of f	toroch	54250
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	hae disease condit on given in P	PERFORMED?
	HOW INJURY OCCURRED), (Enter nature of injury in P	ort I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d INJURY Hour o. m. While of work	Not while foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f (City or town)	(County) (State)
ACTUAL SIGNATURE Emily m, fan		accurred at 9:155	M, fram the causes and on a DDRESS (Street, city or town, state)	
PHYSICIAN'S Dr. Ernest M. Lar 220. BUR AI, CREMATION, 226. DATE THEREOF 220	MOTE	Delmar, De	claware 22d. LOCATION (City town, or count	y) (Stote)
rengith Tail July 12,1959	Wicomico N	Temorial Par	k Salisbury, M	laryland
23 FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY SALI	ADDRESS SBURY MARY		1 4 '59 246. REGISTRAR'S	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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8558	CERTIFICATE	OF	DEAT

Reg. Dist. No.

PLACE OF DEATH O. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution Land b. COUNTY	n. Residence before admission) W1COM1CO
b. CITY OR TOWN (I RURAL and give no	outside corporate limits, write searest town! Salisbury	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	itside corporote limits, write RUSDURY	IRAL and give nearest town)
	(AL (If not in hospital, give street	enn St	/d. STREET ADDRESS	5 Glenn S	e. IS RESIDENCE ON A FARM? YES NO E
3. NAME OF DECEASED (Type or print)	SAI LY	Middle MARY	BROWN	4. DATE Monti	
s sex Female	White WIDOW	NEVER MARRIED DIVORCED	B. DATE OF BIRTH March 18,18	lost birthdov)	Months Doys Hours Min
House W	ON (Give kind of work done 10b. king life, even if retired) ORK ST HOME	KIND OF BUSINESS OR INDU None	SUSSEX CO	or foreign country) Delaware	USA
Reedy H	earn		Julia Bal		
	R IN U. S. ARMED FORCES? 16.		Mermanotis Broglenn St.	own(Husband) Salisbury, Ma	"R.D.# 5 ryland
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200 ACCIDENT WOOD OR CONTRIBUTING (IF EITHER, NOTIFY 20% TIME OF INJUR HOUR o.m. p. m	MEDICAL EXAMINER)	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg, etc., 19-5-3, to	20f. (City or town)	(County) (State) that I lost saw the deceased d on the date stated obove
ACTUAL SIGNATURE PHYSICIAN'S Dr. NAME (Type) 220 BURIAL, CREMAT C. REMOVÁLL (Sperify)	N, 22b DATE THEREOF	22c. NAME OF CEMETERY C	M.D. 303 East S	22d TOCATION (City, town, o	y) 4/1959 Maryland
23 FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
HOLLOWAY	& COMPANY S	SALISBURY MA	RYLAND DATE J	UL 2 8 '59 G	Weam! W' Labour

if the funeral director, and 2 shauld be filed with and completely O HOSPITAL OR ATTENDING PURE CIAM: The law requires that the death certificate be Executed may be recorded by the haspital solutions physician
O FUNERAL RECTOR: After this certificate has been signed by the attending physician and complepage 3 shauld be detached for use as the burial-transit permit. Then please remaye after papers, the registrar prior to burial, cremation, ar removal, and in any event with n 72 hours offer again. may be re VS A15 (4) 1SM 9/SB

TO HOSPITAL

\$ 24 haurs after death. Page 4



VS. A15ME(5)

5M 9/55

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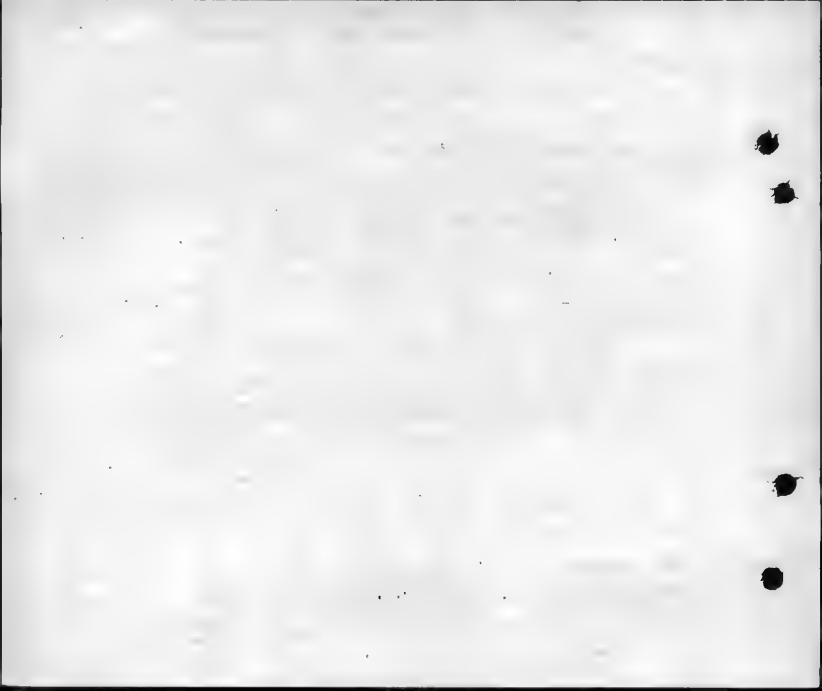
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **MEDICAL** 8498

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EXAMINER'S	CERTIFICA	TE OF	DEATH	Reg. Dist. N	lo.
	2. USUAL RESIDENCE	(Where decea			
MARYLAND	o sharyla	nd	b. COUNT	Somers	et
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, give street oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
tal,	415 Anti	och Av	e.		YES NO K
Middle	Lost	4. DATE	Monti		Year
homas	Byrd	DEATH	July	26	1959
NEVER MARRIED 🔞 8.	DATE OF BIRTH		P. AGE (to years	IFUNDER TYPAR	
DIVORCED 🔲 🗍	June 10, 193	14	25 yrs.	Months Days	Hours Min.
OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stot	e or foreign (ountry)	12. CITIZEN C	OF WHAT COUNTRY?
ice Station	Philade	lphia.	Penna.	U.	S.A.
	14. MOTHER'S MAIDEN			1	
		Hele	n Cox		
IAL SECURITY NO. 17. IN	FORMANT		Address		
32-1068 Joh	n T. Byrd	415 An	tioch Ave	ePrinc	cess Anne.
o), (b), and (c).				INT	ERVAL BETWEEN MIC .
d degree bu	inns of as	ctremi	ties an		2 days
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BUTING TO DEATH BUT NO	OT RELATED TO THE TERM	WINAL DISEAS	E CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY
					PERFORMED?
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obile acci				or can	
RY OCCURRED 200. PLAC	E OF INJURY (Home, for	m. 1206 (City	or lown)	(County)	(Stole)
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oins described abov					J, and find that
Accident 🖾, Suic	ide ∐, Homicid ∕/	le [_], U	ndetermined c	ouse [_].	
Illred 1		_			DATE SIGNED
wholeth	M.D. CHIEF MEDICAL E		_	т	
	ASSISTANT MEDIC			ปน.	ly 26,195
lough M.D.	DEPUTY MEDICAL				
NAME OF CEMETERY OR C			TION (City, Iown,		(Stote)
Sunnyridge Ce			field, Mo		
ADDRESS	24a. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATU	RE

PLACE OF DEATH
o. COUNTY Wicomico b. CITY OR TOWN #1 outside corporate limits, write RURAL and give nearest town Salisbury, d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Peninsula General Hospi NAME OF DECEASED First Kenneth (Type or print) 6. COLOR OR RACE 5. SEX MARRIED white WIDOWED [male 10a. USUAL OCCUPATION (Give kind of work done 10b. KING during most of working life, even if retired) Serv Attendant 13. FATHER'S NAME John T. B yrd 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC Yes 701. give year or dole 1956-58 18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 825 x **DUE TO** Conditions, If any, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTI 0 20g EXTERNAL CAUSE WAS PRIMARY- OF CONTRIBUTING 20b. DESCRIBE HO CAUSE OF DEATH. Autom MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d, INJU Hour While work [o. m. 21. I certify that I took charge of the rem deoth resulted from: Natural causes [ACTUAL SIGNATURE or. **EXAMINER'S** Kendrick Mc.Cul NAME (Type) 220. BURIA. CREMATION, PEMOVAL (Specify) 22b. DATE THEREOF 29. July 23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield. Md. DATEUL 3 1 '59 Chillen S. Hima



may be re

VS A15 (4) 15M 9/5B

Female White WIDOWED DIVORCED August 22, 1896 62 yrs. Months Doys Hours Min. 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if referred) Housework Home Flushing L.I., N.Y. U.S.A. 13. FATHER'S NAME Michael Kastner 14. MOTHER'S MAIDEN NAME Annie Conners 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address		8559		CERTIFIC	CA	IE OF DEATE	1		Reg. Dist.	No.	
RURAL CONSTRUCTION Sharptown 1. NAME OF HOSPITAL (If not in hospital, give street oddress) 1. NAME OF HOSPITAL (If not in hospital, give street oddress) 1. NAME OF HOSPITAL (If not in hospital, give street oddress) 1. NAME OF HOSPITAL (If not in hospital, give street oddress) 1. NAME OF HOSPITAL (If not in hospital, give street oddress) 2. NAME OF HOSPITAL (If not in hospital, give street oddress) 3. NAME OF HOSPITAL (If not in hospital, give street oddress) 3. NAME OF HOSPITAL (If not in hospital, give street oddress) 4. STREET ADDRESS 4. SECOND OR RACE NAME NA	o. COUNTY				D	o. STATE Mary	land	b. COUNTY	Wicom	ico	
d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION A. DATE OR INSTITUTION B. DATE OR INSTITUTION A. DATE OR INSTITUTION B. DATE OR INSTITUTION B. DATE OR INSTITUTION C. A. DATE OR INSTITUTION B. DATE OR INSTITUTION C. A. DATE OR INSTITUTION B. DATE OR INSTITUTION C. A. DATE OR IN HOUSE OR INSTITUTION C. A. DATE OR IN HOUSE OR INSTITUTION B. DATE OR IN HOUSE OR IN H	RURAL ond give n	earest town)	write		Ь	0-	,		IRAL and give	necrest to	wn)
Second Color of Race 7 Marbie Never Marbie 1.0 2.0 Are of Berth 1.0	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give	e street d	oddress)		d. STREET ADDRESS	- 11			ON	A FARM?
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Home Flushing L.T., N.Y. U.S.A. 33. FATHER'S NAME Michael Kastner 15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. NOOMANT 18. CAUSE OF DEATH [Enter only one course per line for (e), (b) and (ch.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 19. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) I PROBLEM IN PART I (e) I PROBLEM I (e) I P		White v	VIDOWE	D DIVORCED		August 22, 18		lost birthdoy) 62 yrs.	Months Do	ys Hou	rs Min.
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S. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. O67–03–2287] If yes, give not or delian of services of color of services of services of color of services of color of services of color of services of color of services of services of color of services of services of color of services of color of services of services of color of color of color of color of services of color of services of color of c		beel Vesteres									
The control of the course of dote of services 1067-03-2267 Edward L. Kastner, Sharptown, Maryland							ners				
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REMOVAL Specify July 6, 1959 Galestown Cemetery Galestown, Pland 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE T. J. Prograph of and Son Federal Shirts Maryland	NAME (Type)	7 2/1/5	- (771277		**-*-					
T I Promotom and Son Federalships Memyland	REMOVAL (Spacify)		959	Galestovn	Cem	crematory netery					late)
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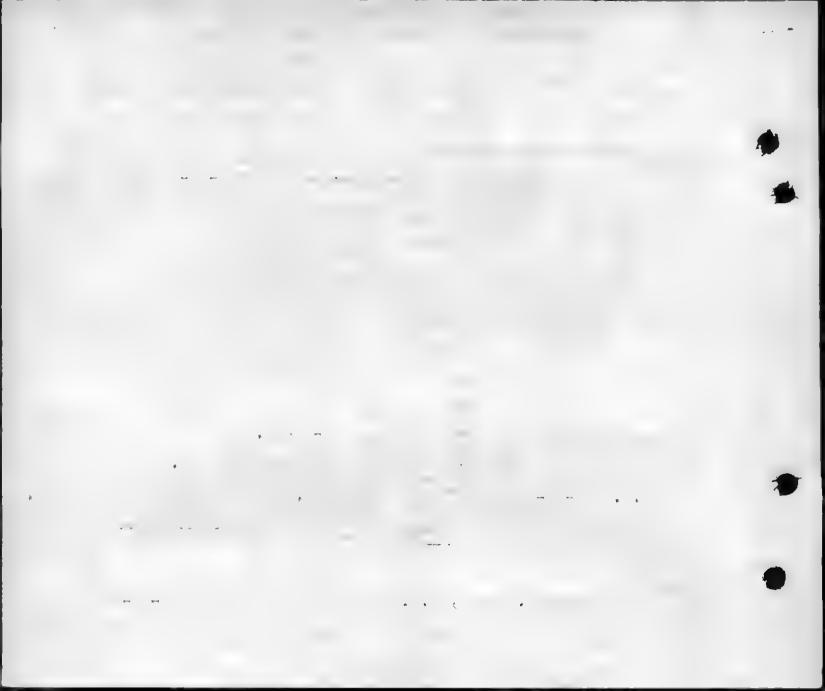


VS. ATSME[5] SM 9/55 11

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 849 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0433							Reg.	Dist. No),	
1. PLACE OF DEATH					2. USUAL RESIDENCE	CE (Where deceo	sed lived. If institu	rtion: Resid	dence be	fore adm	ission)
" o. COUNTY	Wicomi	co		MARYLAND	o. STATE	Virgini	ia b. COUNT	Ac	coma	ick	*
b. CITY OR TOWN (III	autside corporate limits, writ	# RURAL	c. LENGTH OF	F STAY IN 16	c. CITY OR TOW	N (If outside cor	porale limits, write	RURAL of	nd give n	earest to	mn)
Salisbur			2 day	y s	New	Church	a.	¥ .	A D		
	AL OR INSTITUTION	If not in hosp	oital, give street	address)	d. STREET ADDRE					e. IS R	ESIDENCE A FARM?
Peninsu	la Genera	1 Hos	pital] NO [
3. NAME OF DECEASED	Fil			ddle Colb	ourn lest	4. DATE	Mont	h	Day	١	Year
(Type or print)	Her	man_	W.	-Coul		DEATH	7-29-59			1	19
5. SEX	6. COLOR OR RACE	7. MARRIEL	D 🔣 NEVER N	AARRIED 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	HUNDE Months		Hours	ER 24 HRS
M	W	WIDOWED	DIVC	ORCED 🔲 M	arch 27,	1880	79 yrs.	Winitia	Days	riours	Willi.
10a. USUAL OCCUPATION during most of working	ON (Give kind of work g life, even if retired)	done 10b. Kl			RY 11. BIRTHPLACE (State or foreign	country]	12. CI	TIZEN O	F WHAT	COUNTR
Timberma	n		Lumbe	er	Vi:	rginia		1	USA		
13. FATHER'S NAME					14. MOTHER'S MAID						
	liam Colb				Annie l	E. Twyt					
15. WAS DECEASED EV	ER IN U.S. ARMED FO (If you give wor or dates of	annifest			FORMANT		Address				
No.)-42-50		s Bertie	C. Co.	lbourn,	New		irch	
	TH [Enter only one car TH WAS CAUSED 8Y:	use per line fo	or (0), (b), and	(c).}	T. 11em	1-6	0		ONS	T AND DE	ATH .
	IMMEDIATE CAUSE (0)	Veri	L. co	- Alex		~ V O	Landon Santa 94		-	Log	115
f20.0	DUE TO	1.0	7	U/	And Section 14	f .		4 2		-5 6	
Conditions, if a		000	ac sharpy and	frank d	Visit Visit of	, 2 2 2 2	* * *			, , ,	
(o), stoting the	Inderlying DUE TO										
couse lost,	J (c)		NTP-RLTING TO	DEATH BUT N	OT BELATED TO THE T	EDMINIAL DISEAS	E COMPITION CIV	/ENITH DA	D7 1(-) 1	0 14/45	ALITOREY
191	_				_		SE CONDITION ON	TEN IN TA	,	PERFC	DRMED?
DOOR IT	eduction	OT TI	HOW BY BILLY	occusses te	ter nature of injury in	Port Los Port II	of Item 18.1			YES 🗌	ио 🗀
PRIMARY D or COL	VTRIBUTING	Fel.			d fractu	_	ft hip.				
	i i		VJURY OCCURR	ED 20s. PLAC	E OF INJURY (Home.	form. (20f. (Cit		{C	ounty)		(Stote)
20c. TIME OF INJU	7-27-8	9 While	Not while	*X fock	ry, street office bldg.	etc. Ne	w Church				Va
	at I took chorge			hard			nspection v	Inqui	in del	and	find the
	from: Natural			F-1	ide 🗍 Homis		ndetermined of			, 0110	HIIGH FIN
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ACTUAL	Frul L	*	. 4	,	CHIEF MEDICA	AL EXAMINER	1			DATE !	SIGNED
SIGNATURE 4					_M.D.	EDICAL EXAMINI	•				
EXAMINER'S NAME (Type)	Tion of T	Der	3f	D		CAL EXAMINER	_	7 20	r'o		
220. BURIAL, CREMATIC	N, 276. DATE THEREC)F	22c. NAME OF	CEMETERY OF			TION (City, town,	7-29. or county)		(Stot	(e)
REMOVAL (Specify) Burial	7-31-5		Downin	ng Cem	etery		Hall.			rgi	
23 SONERAL DIRECTOR		+	/ ADDRESS	3		REC'D BY REGIS		STRAR'S S			
Henry	A.Wa	RON	Pocomo	oke Ci	tv. Md DATI	AUG 3	29 (ACCEPTED AND ADDRESS OF THE PARTY AND ADDRESS	1. / 000	ACMIT.	



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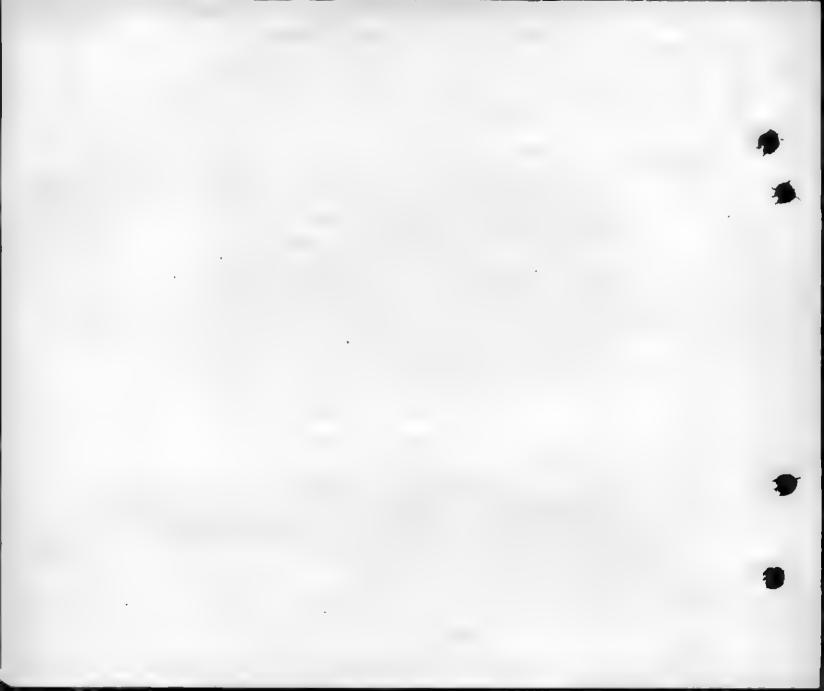
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VS A15 (4)

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d is the funeral director, I am should be fined with	
Pages 1 a.u.z s	1 1 1 1
ian and camples. carbon papers. offy death.	1
offending physic n p ease remays within 72 bours	14
After this out-ficate has been signed by the attending physician and campletery filled in the funeral director, and far use as the burial-transit permit. Then p ease remays carbon papers. Pages 1 and 2 should be fired with rial, cremation, or remayal, and in any event within 72 poins after death.	

			Keh. Dist. 140.
1 PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If	
Ulcomico	MARYLAND	Helt y Laria	WICOMICO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give nearest lown)
Salishun		x Fruitland	
d. NAME OF HOSPITAL (IF not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM3,
Cenin Sula Genera	al Hospital	Moore Ave.	YES NO (Ž)
3 NAME OF First	Middle	Lost 4. DATE OF	Manth Day Year
(Type or print)		Culb DEATH JI	Mu 13- 1959
5 SEX 6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (III	the description of the second
Female White WIDOW	ED Baby BRCED	July 13,1959 0	yrs Onths Days Hours Min
100. JSUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU		12. CITIZEN OF WHAT COUNTRY
none None	lone	Salisbury Maryla	nd USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	•
Roy Philip Culp		Norma Lee Goslee	
(Yes, no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. M	r. Roy P. Culp (Father)	Moore Ave.
No		Fruitland Maryland	
18 CAUSE OF DEATH [Enter only one couse per I	ine for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Prenotivil	4 - 6 mos. geslati	
776 X DUE TO		(Birth Wt, 15	27
Conditions, if any, which) (b)		(1556-56 -56)	8
gave rise to immediate (
couse (o), stating the <u>under-</u> lying couse lost.			
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEASE CONDITI	ON GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIC			PERFORMED? YES NO 🔀
PART H. OTHER SIGNIFICANT CONDITIONS 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part Loc Part II of item	18)
	INJURY OCCURRED 20e PL	ACE OF INJURY (Hame, farm, 20f (City or town)	(County) (State
Hour o.m. 10 White	Not while fo	clary, street, affice bldg , etc.)	(400)
p. m 19 of wo		2 50 10 12	6.0
21. I certify that I attended the decea	sed fram July 1	3, 1959, to July 13,	192_ that I last saw the deceased
alive an 19 13 , 19	5.7, and that death		ses and on the date stated above
1.00		ADDRESS (Street, city o	r town, slote) DATE SIGNED
SIGNATURE William	Morgan	M.D	July / / / 195
PHYSICIAN'S Dr. William Mor	gan	Medical Center - S	alisbury, Maryland
220 BUR AL, CREMATION 22b DATE THEREOF	22c. NAME OF CEMETERY C		town, or county) (State)
REMOYAL Preside July 15,195	9 Wicomico I	Memorial Park Salis	bury, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SA	LISBURY MARY	TLAND DATEJUL 2 0 '59	Critur S. Thous

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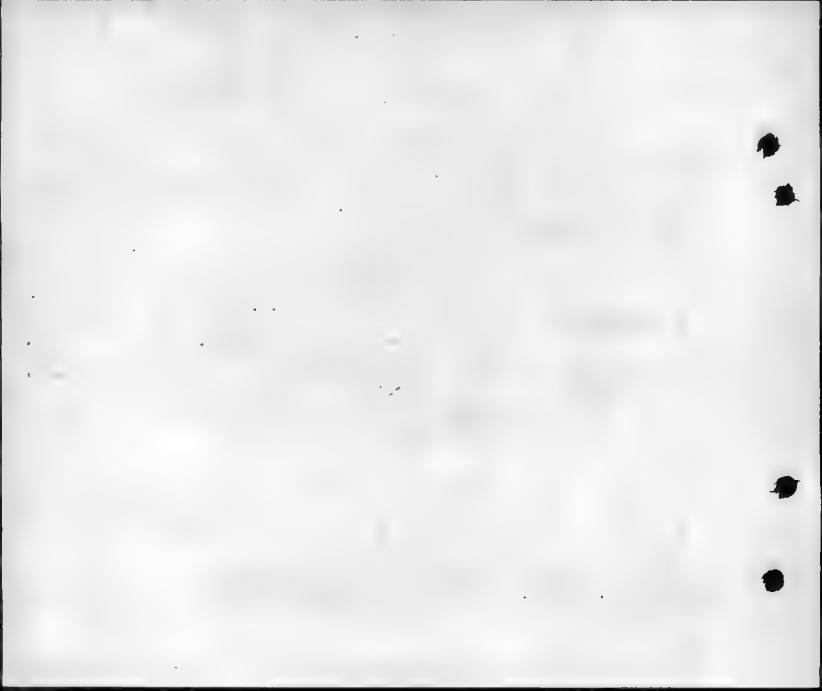
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auld be executed within 24 haurs after de	in pencil in Item 18. Give Pages 1, 2, and 3 ta	th form PM3. Page	Ē	1
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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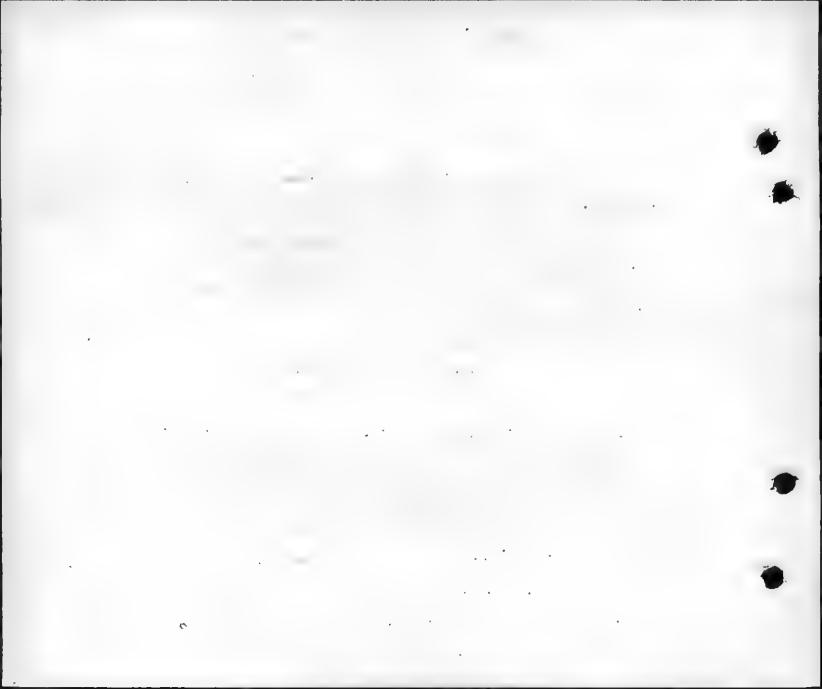
Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY Wicomico o. STATE Marvland b. COUNTY Wicomico MARYLAND b. CITY OR TOWN If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 410 Martin St 41.0 Martin St YES INO IN 3 NAME OF First Middle DATE last Month Year -DECEASED HENRY W. DARMSTADT JULY 14th 1959 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE Itn years IFUNDER TYPAR IF UNDER 24 HRS. lost birthday) Hours Male Whi te 70 WIDOWED [Jan. 16. 1889 DIVORCED I YF5 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Truck Driver-Retired New York-New York S Trucking 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Darmstadt Emily Yescko 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Minnie Westgate (Sister 55 Kennedy Ave. If yes, give war or dates of service No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure. 211 hrsa IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which] Myocardial degeneration Years. gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO KI 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection A Inquiry A, and find that death resulted from: Natural couses . Accident , Suicide , Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURI ASSISTANT MEDICAL EXAMINER Dr. Earl L. Royer NAME (Type) DEPUTY MEDICAL EXAMINER A 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial Parsons Cemetery Salisbury, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY MARYLAND arthur & Though DATEUL 21 '59





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08489 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH + 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) · COUNTY, Filed o STATE **b** COUNTY MARYLAND omuco CITY OR IOWN (If outside carporate limits, write RURAL and give reporest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate/limits, write RURAL and give nearest town] NAME OF HOSPITAL that in hospital, give street addressy OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED 4. DATE Year (Type or print) DEATH 19 4 7. MARRIED M NEVER MARRIED 5. SEX 6. COLOR OR RACE 9 AGE (In) years IF UNDER 1 YEAR IF UNDER 24 H B DATE OF BIRTH Months Days Hours Men WIDOWED [7] DIVORCED [10/21 10a USUA POCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY ENTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO 17. INFORMAN Address ending 18. CASSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** ģ Conditions, if ony, which {b1 gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSI PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of ilem 18) ficate 6 20c TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m 21. I certify that I attended the deceased from ...that I last saw the deceased ___, and that death occurred at fai. alive on __M, from the causes and an the date stated above. CTOR ADDRESS (Street, city or town, stote) **DATE SIGNED** ACTUAL SIGNATURE M.D. PHYSICIAN'S NAME (Type) ORIAL CREMATION. DATE/THEREOF 22C. NAME OF CEMETERY OR/CREMMOR 22d. LOCATION (City_John, or county) (Stote) REMOVAL Spe 0 23. BUNERA DIRECTOR'S SIG **ADDRESS** 24b REGISTRAR'S SIGNATURE VS A15 (4) Tienus DATE 15M 10/57







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	neg, ou	11, 1401
1. PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence of STATE Virginia b. COUNTY/0.774)	Happton
b. CITY OR TOWN (if outside corporate limits, write RURAL and give negretal found)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give necrest town)
Salisbury	Cape Charles	σ h
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Peninsula General Hospital	Mason Ave.	YES NO U
3. NAME OF DECEASED First Middle EVANS (Type or print) Edward Reed Evans	Lost 4. DATE Month 7- 23-	59 19
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5 8.		
M WIDOWED DIVORCED (6-5-1924 35 yrs. Months D	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION during most of working life, even of retired) Bushum	27 17, BIRTHPLACE (State or foreign country) 12. CITIZ	SIA
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME ANN BRA	25
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. IN	IFORMANT Address.	
(Yes, no. of unknown) (18 yes, give wor or doles of service) (YES (NORLDLARM UNKNOWN)	ulu Ann Parks Jang.	ui Va
78. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) Crushed skull		Sudden
* / d DUE TO		
Canditions, if ony, which by gove rise to immediate couse		
(o), stating the underlying DUE TO		
cause lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20g. EXTERNAL-CAUSE WAS PRIMARY CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	OT RELATED TO THE TERM-NALDISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO X
20g. EXTERNAL CAUSE WAS E PRIMARY ACONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (EI CAUSE OF DEATH.	nter noture of injury in Port I or Port II of item 18.)	
	on collision on Route # 13	
E Hanni India	CE OF INJURY (Home, form, 20f. (City or town) (Courty, street, office bldg., etc.)	nty) (Stole)
2 AR 7-23-159 of work of work R		erset Md.
21. I certify that I took charge of the remains described above	ve, held an Autopsy 🔲, Inspection 🔼 Inquiry	and find the
death resulted fram: Natural causes [], Accident [X], Suid	cide [], Hamicide [], Undetermined cause [].	
£ 0, .D		PARK CICAIES
SIGNATURE CALL	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSISTANT MEDICAL EXAMINER	٠
NAME (Type) Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER K 7-25	-59
220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OF SWAIN N	7///	Visitote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	249; REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
Homes X. Hennan Craft	LA TOATE JUL 28 '59 Orthur 2	8. Kraud

MEDICAL EXAMINE This certificate shauld be executed within 24 hours after death. It call factors, writing the "death of "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with farm PM3. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the TO DEPUTY MEDICAL EXAMIN forward forward TO FUNERAL

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YS. A15ME(5) 5M 9/55



7 .:= BE	8507	CERTIFICATE OF DEATH	Reg. Dist. No.
Poge director	PLACE OF DEATH O. COUNTY WICO TO ICU	MARYLAND 2. USUAL RESIDENCE (Where of	leceased fived If institution Residence before admiss on b. COUNTY
funeral	b CITY OR TOWN (If autside corporate limits, write c. RURAL and give neorest town)	17days Berlin	e corporate limits, write RURAL and give nearest town)
offs offs	eninsula Hener	aL BOX:	284 P. IS RESIDENCE ON A FARM? YES NO
filled iges I or	NAME OF DECEASED (Type or print)	Ford	DEATH Jung 24 1935
nplerely ers. Po	make Cohored WIDOWED [DIVORCED 1 1/1 30 195	(lost birthdol) Months Doys Hours Min.
ond contain pap	during most of working life, even if retired)	- INARYIA	nd USA
raicion ove carb	FATHER'S NAME	CATHERINE	ERMAN
se remo	(f yes, give war or dates of service)	MRS. CATHERIN	E Ford, BERLIN, md.
the dillot	18 CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	pr (o). (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
es that is de by the mit. The cany even	Canditions, if ony, which (b)	Des-Cole intuson	suption
require	couse (a), stating the under- lying couse last. DUE TO (c)		Y
The low g physic hos bee rrial-fro movo!,	Enteritis due to	Shigella (Sh flexner)	PERFORMED? YES DE NO
CIAN:	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
this cert	Hour o.m. While	Not while factory, street, affice bldg., etc.)	Vf. (City or tawn) (County) (Stol
ENDING The hosping After ached for ached for buriol, c	21. I certify that I attended the deceased alive an 1/2 7 9 19	, and that death accurred at # 157M,	/_Z, 1927,that I last saw the decease from the causes and an the date stated above
DR ATT	ACTUAL SIGNATURE CLIP C.	fel mo medie	RESS (Street, city or town, state) DATE SIGN A A A A A A A A A A A A A
PITAL C ERA 3 shound gistror p	PHYSICIAN'S ALTRE & C.	KOIIS- Sals-	buy, mangland
moy by Dage of the reg	REMOVAL (Specify) 7-27-59	OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OF HOSPITAL (If not in quapitol, give street odd/ess) OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. J.	
VS A15 (4) 15M 9/58	FUNERAL DIRECTOR'S SIGNATURE	ENDOSPITAL (If not in grapital, give street add/ess) INTERNATION (Save kind of work done) INTORMANT INTORMA	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8508 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Wicemice Marylane b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) ond nive regrest found Salisbury Arbutus d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS .69 Peningula General Hespital Bansan NAME OF Middle DATE Lost Month O (Type ar print) DEATH Charlette 7-8-59 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH IF UNDER TYEAR lost birthday) Months WIDOWED [DIVORCED [yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 112 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME pages Page 5 17. INFORMANT 16. SOCIAL SECURITY NO. TAME 5105 BENSON AVE Give permit. 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Crushed chest IMMEDIATE CAUSE (o) alang with far burial-transit **DUE TO** Canditions, if any, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY S ۵ 20g. EXTERNAL CAUSE WAS PRIMARY TO TO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. "Enter noture of injury in Port 1 or Port 11 of item 18.) blew out and car turned ever on here Exam should pig 20d. INJURY OCCURRED While Not while Tockary, street, office bldg., etc.) Route # 59 Salisbi 20c. TIME OF INJURY Month, Day, Year Salisbury Wicomice 21. I certify that I tack charge of the remains described above, held an Autapsy Inspection Inquiry Accident 7 Noturol couses Suicide . Hamicide Undetermined couse **ACTUAL** SIGNATURE CHIEF MEDICAL EXAMINER 500 ASSISTANT MEDICAL EXAMINER [7] FUNER **EXAMINER'S** Earl L. Royer. 7-8-59 M.D.NAME (Type) DEPUTY MEDICAL EXAMINER X

VS. A15ME(5) 5M 9/55

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22g. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

240 REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

(County)

08494

Day

Days

e. IS RESIDENCE

ON A FARM?

YES NO TO

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

30 min

PERFORMED?

NO TX

(State)

Md.

and find that

DATE SIGNED

(State)

1959

Min.

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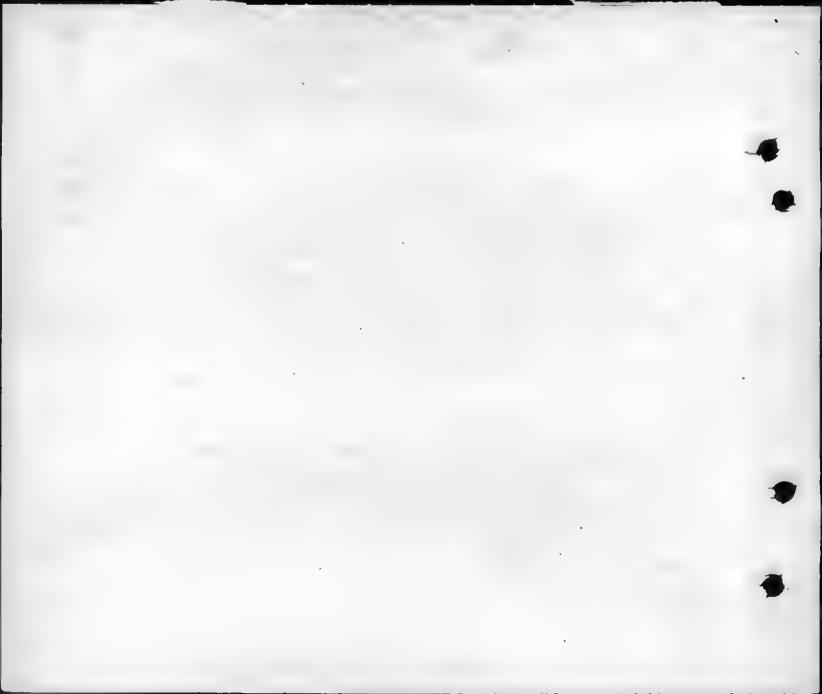
22d, LOCATION (City, town, or county)

22c. NAME OF CEMETERY

ADDRESS







MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08497 8510 **CERTIFICATE OF DEATH** Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND Comic b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) d NAME OF HOSPITAL (If not in haspital, give street address) e IS RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARM? YES R NO NAME OF Middle 4. DATE Day last Month Year DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In year) 8. DATE OF BIRTH Months Days WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY, 11. B.RTHP during mont of working life, eyen if refered) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S INFORMANT 16 SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ONET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a JAX Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg. etc. Hour a.m. While Nat while # ot work 🔲 at work P m 21. I certify (tha) I attended the deceased from 192 that Last saw the deceased alive an that death occurred at M, from the cayse and on the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 220 BURIAL, CREMAT ON, 226. DATA THEREOF 22d CATION (City, lown, or county) 22c NAME OF CEMETERY OR CREMATORY 0 24b REGISTRAR'S SIGNATURE arthur & Kraus VS A15 (4) 15M 975B



VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8562 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08498

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLAN	O. STATE	Marylan			ore admission)
b. CITY OR TOWN 11 and give nearest fowl	of outside corporate finits, write Nardela	EURAL	c. LENGTH OF STAY IN 1	E. CITY OR	Town (If outside of	orporate limits, write	RURAL and give no	parest town)
d. NAME OF HOSPIT			tol, give street address)	d. STREET A		St		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)			Middle DAIL	HATTON	SR JATE OF DEATH		Doy 29th	Year 19 5 9
5. SEX Male	6. COLOR OR RACE White			August	7,1883	9. AGE (In years loss burthday) 5 yrs.	Months Dogs 2	Hours Min.
100. USUAL OCCUPATION during most of working the tired C	ON (Give kind of work on life, even if refired)	ione 106. Kil Farme:	ND OF BUSINESS OR INDI	B.D.#	Mardela	country) , Marylan		
13. FATHER'S NAME							***************************************	
	W. Hatton			Marth	na Kenne	rley		
15. WAS DECEASED EV	/ER IN U. S. ARMED FO Ill yes, give wor or dates of		DCIAL SECURITY NO.	rs Zenor Bridge	phine(Zer	na)C.Mar dela, Ma	ton(Wif	e)
	TH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per line fo		Hen	nouh	×-		
1, 1	DUE TO	LI	100		1 .2	0		
Candilians, if a	diote couse	14	gentense	me to	J , 4-JL	seve		ence
(a), stating the	underlying DUE TO	(<i>J</i> V					'
	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BU	IT NOT RELATED TO	THE TERM. NAL DISEA	ASE CONDITION GIV		PERFORMAN?
PART II. OTI	NIRIBUTING LE I	b. DESCRIBE I	HOW INJURY OCCURRED	. (Enter nature of in	ury in Port I ar Part	It of item 18.)		ES [] NO [IX
20c. TIME OF INJU		While	Nat while fr	PLACE OF INJURY (I- octory, street, office	fome, form, 20f. (C bldg., etc.)	ity or town)	(County)	(State)
21. I certify t	hat I taak charge	of the re	mains described a	bave, held an	Autopsy,	Inspection A	Inquiry A,	and find that
death resulted	fram: Natural	MSTITUTION (If not in hospitol, give street address) Mandela						
ACTUAL SIGNATURE	En 1	- 10		M.D. CHIEF M	EDICAL EXAMINER [3		DATE SIGNED
EXAMINER'S D:	r. Earl L	. Roy	er			47	uly 3	1959
220. BURIAL CREMATIC REMOVAL (Specify Burial								•
23. FUNERAL DIRECTOR	TS SIGNATURE							
HOLLOWAY	& COMPAN	Y S	ALISBURY M	ARYLAND	DATELIG 3 '5	9 Cuil	lung S. Haus	



CERTIFICATE OF DEATH

08499

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Reg.	Dist.	No.	

-						14.0	9. 5111. 140.	
NAME OF OPECASED STATE Middle Lost C. DATE Month Day Year OPERATE C. C. C. C. C. C. C. C			onl					
l	Ė		c. LENGTH OF STAY IN 15	c CITY OR TO	OWN (If autside corporate)
		7 1 3 1 10 10 1		CHIN	coteay	ue :	8 1.	
1	2	OR INSTITUTION	, ,	d. STREET AL	DDRESS /		ONA	FARM?
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	- ((Type or print) Cust Tis	Davis /	hekma:	. OF	J WLY	1 -03	
	5. S	1 1 1 1 0	 -		//	lost birthdoy) Mc		R 24 HRS Min
ł	10a.	760 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-			7.4		12 CITIZEN OF WHAT CO	OLINTRY
V		dyring most of working life, even if retired)	D. MITO OF BOSINESS ON MIDE	2. USUAL RESIDENCE [Where deceased lived if institution. Residence before admiss on to STATE by COUNTY county light and cou				
1	13.							
		Lonnie D. Hickma	n	Bla	inch Bonni	well		
		s, ((q, or unknown) (If yes, give wor or dates of service)			Hickma		coteague,	Va
İ	\exists	18. CAUSE OF DEATH [Enter only one cause per	line for (o), (b), and (c).]	Λ		^		
		PART I. DEATH WAS CAUSED BY	Sub arroc	hused	Heme	nalas	ONSELAND	DEATH
		7.0	a +			1		
			arterial	Queur	Eysen	U		
ı		gave rise to immediate (
ı		Iving come last			U			
	Z O	PART II. OTHER SIGN, FICANT CONDITION	IS CONTRIBUTING TO DEATH 8U	NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN	N PART I(a) 19 WAS A	AUTOPSY
	S							
		200 ACC:DENT WAS UNDERLYING ☐ 20b D OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of	injury in Port I or Port II	of item 18 }		
ı	S		. INJURY OCCURRED 20e. PI	ACE OF INJURY (H	lame, farm, 20f (City or	town)	(County)	(State
	MED	10 11.11	THE PROF WITTE	clory, street, office	blag., erc.)			
		21. I certify that Lattended the dece	ased fram July	<u>S</u> , 19 <u>5 9</u>	, to July	Z , 195 9tha	t I last saw the de	ecease
		alive an July 11 , 19	59_, and that death	accurred at_				abave
		- DD '	011.10	0.	ADDRESS'(Stree	it, city-or lown, stati	e) DATI	E SIGNE
ı		MITHATUME O KOMOS	- Hell by	MD. 114	ne skuff	Road	1/12	157
		PHYSICIAN'S NAME (Type)	U	Sa	lisbury	, Md.		
f	220	BURIAL, CREMATION, 22b DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATIO	N (City, town, or co	ounty) (State	*)
		Burial July 14,19	59 Fairlawn (Jemeterv	Onance	ock. Vir	ginh	
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	, To	240. REC'D 8Y REGISTRA		R'S SIGNATURE	
	U	illeen B fr.	Chincoteague	, va.	DAHL 1 7 '59	Orthur a	S. Frank	

This in 24 haurs after death. Page

the funeral director, should be fried with 2 should 083

papers. and camp carban pap gned by the attending physician permit. Then please remave carl in any event within 72 haurs affe attending physician. certificate has been signed by the e as the burial-transit permit. Ther

removal, and

TO HOSPITAL OR ATTENDING FICHAN may be: 11d by the haspits attending to FUNER RECTOR: After this certificat page 3 shauld be detached far use as the the registrar prior to buriol, cremation, an

VS A15 (4) 15M 9/58



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08560

8512 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Ì		(Where deceased lived.			before	odmission)
Į	. 45.55		On the state			

O. STATE MOTOR ORD 5. CO	'
Trainy Latter	
	62
d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
Lest 14 DATE	
Of	
TITITOTI	7-27-59 19
8. DATE OF BIRTH 9. AGE (in yes	
INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
te Virginia	U.S.A.
	010122
17. INFORMANT Ad	dress
857 Geneva E. Harris, M	lessongo, Va.
	INTERVAL BETWEEN
al hamorrhaga	Sudden
## 11011101 x 1100Pa	
<u>io-sclerotic cardio-vas</u>	ular Years
se.	
H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	
	PERFORMED? YES NO IX
ISED. (Enter noture of injury in Port I ar Port II of item 18.)	
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The PLACE CIE INTERV (Name form 1906 (City or Journ)	(County) (Stote)
factory, street, affice bldg., etc.)	(Coamy) (310:48)
<u> </u>	
above, held an Autopsy 🔲, 🛮 inspection	, inquiry and find that
Suicide , Homicide , Undetermine	ed cause .
	A 4 000 44 0 4 100
CHIEF MEDICAL EXAMINER	DATE SIGNED
M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
ASSISTANT MEDICAL EXAMINER	
ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	7=30=59
ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER PROPERTY 22d. LOCATION (City, to	7=30=59 wn, or county} (Stole)
ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	7=30=59 wn, or county} (Stole)
ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER POPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP	7=30=59 wn, or county} (State)
HH I I I I I I I I I I I I I I I I I I	RYLAND O. STATE Maryland b. CO IY IN 1b C. CITY OR TOWN (If outside corporate limits, y POCOMOKO d. STREET ADDRESS LOSI LOSI 4. DATE OF OF HINMAN IED 8. DATE OF BIRTH D Oct.27, 1882 RINDUSTRY 11. BIRTHPLACE (Stote or foreign country) Virginia 14. MOTHER'S MAIDEN NAME Mary Holden O. 17. INFORMANT Add ADDRESS ATH BUT NOT RELATED TO THE TERM-NAL DISEASE CONDITION URRED. (Enter noture of injury in Port I or Port II of item 18.) 200. PLACE OF INJURY (Home, form, form, foctory, street, office bidg., etc.) ed above, held an Autopsy Inspection Inspection Inspection Inspection

VS. A15ME(5) 5M 9/55

or removal.



08507 8513 **CERTIFICATE OF DEATH** Reg. Dist. No. director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) o. COUNTY Fred **b** COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) TO Salisbury Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Woodland YES NO P Woodland Ave AVIO NAME OF First Middle 4. DATE Day Year DECEASED (Type or print) William DEATH Holden 19 50 ปาว.โ.ซ 9 AGE (in years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED B DATE OF BIRTH Months Dovs Hours WIDOWED [DIVORCED | ale campl 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Farming Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 200 **HOVe** George Holden IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSEN AND DEACH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOSY
PERFORMED? YES [NO T 200. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) ŝ 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or tawn) (County) (Stote) factory, street, office bldg , etc.) o. m While Not while at work of work 21. I certify that I attended the deceased from Lithat I last saw the deceased alive an and that death occurred at A Mam the causes and an the date stated above. Ö ADDRISS (Street) city or town, state) DATE/SIGNED ACTUAL SIGNATURE HOSPITAL PHYSICIAN'S NAME (Type) FUNER m 220. BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION City, town, or county) (Stole) REMOVAL (Specify) Salis Greer 0 2 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) DATEL 2 2 '59 Circlin & House 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A1S (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08502

	8514 CERTIFIC	ATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY IN ICO MICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) b. COUNTY D. C. E.S. T. C. T. C.
	b. CITY OR TOWN (If autside carparate limits, write CLENGTH OF STAY IN 16 SPLIS DURY)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
,	OR INSTITUTION ON INSTITUTION ON INSTITUTION ON INSTITUTION ON INSTITUTION ON INSTITUTION	d. STREET ADDRESS B IS RESIDENCE ON A FARM? YES NO D
	3. NAME OF DECEASED (Type or print) First Middle	HOLT DEATH JULLY 28, 1959
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED NO NEVER MARRIED DIVORCED	1772 (2) last primady Months Days Haurs Min
	10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) LATER V	ROAMORE VA USIA
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give wor or dates of service)	15. VALLE TINGLE Pelis MA
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	exculatory allogs so interval BETWEEN ONSETTIND DEATH
	Conditions, if ony, which) DUE TO WyDeord	ia Insufficiency Introduce 3 das
	gove rise to immediate cause (a), stating the underlying couse last. DUE TO (c)	ratio Cardiovaskular Disers?
		PERFORMED?
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II af item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While Not while of wark all wark all wark	PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) octory, street, office bidg , etc.)
	21. I certify that I attended the deceased from 7/2	1959, to 728, 1997, that I last saw the deceased th accurred at 127, M, from the causes and an the date stated above.
	ACTUAL SIGNATURE RULES AND SOURCE SURVEY	M.D. July Japoness street, dry or town, state) DATE SIGNED 728/54
1	PHYSICIAN'S RUFUS S. GARANER	R Solistary Med
	220 BUR AL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY REMOVAL (Specify) 8 1 5 9	OR GREMATORY 22d. LOCAT ON (C ly, fown, or county) (Stote)
	23' FUNERAL DIRECTOR'S SIGNATURE CULL- ADDRESS BULL	Date AUG 4 '59 Called & Thomas



VS AIS (4) ISM 9/SS M

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18

M

08503

L		856	3	CE	RTIFIC	ATE C	F DEAT	Ή			Reg. Die	ıt, No.	
1,	PLACE OF DEATH o. COUNTY	√icomico			MARYLAND	2 USUA o. ST/	L RESIDENCE (V	Where decease		f institution		omic	
	b. CITY OR TOWN (RURAL ond give n	(If outside corporate limitearest town)	ts, write	c. LENGTH OF	stay in 16 etime		Y OR TOWN (III	autside corp	orate limit	s, write RI	JRAL and g	give neare	st tawn)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		ad. ST	REET ADDRESS						IS RESIDENCE ON A FARM? YES TO D
3	NAME OF DECEASED (Type or print)	ALMA	st	V	Middle e F	IORSM	Lost . N	4. DATE OF DEATH	J	Mon	th	0 ₀ y	Yeor 19 59
5	Emale	%. COLOR OR RACE	7. MAR	RIED NEVER	MARRIED [5/2			9. AGE ((In years irthdoy) yrs.			UNDER 24 HRS
104	during most of wor	ON (Give kind of work rking life, even if retired TE	done 10b	Own H	NESS OR INDU	JSTRY 11. B	Maryl	e or foreign	country)		12 CIT	U.S	WHAT COUNTRY
13.	FATHER'S NAME					14 MO	THER'S MAIDEN	NAME					
	John	B. Insle	У				Marth	a Ell	en J	ones	3		
	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURI	TY NO. 17.	INFORMAN				Addr			
100	No or unknown)	(ff yes, give wor or dates of s	ervice)	216-09-	-5151	Mrs	'gust	a Tig	nor.	Der	nver.	. Co.	lo.
		immediate Cus To				MO.	ua S	torio	-Ch			ONISET	AND DEATH
IIFIC. ■TIO■	lying cause last.			CONTRIBUTING							EN IN PART		WAS AUTOPSY PERFORMED? 'ES NO
MEDICAL CENTIF	OR CONTRIBUTING (IF EITHER, NOTIF) 20c TIME OF INJUI Hour b. m.	MEDICAL EXAMINER	or 20d (While at wo			LACE OF IN	JURY (Home, for	rm, 20f (Ci	ly or lawn)		(0	County)	(State)
	21. I certify to	hat I altended the	194			M D		rachy	m the co	auses a ar pwn,	ind an th	ast saw he date 20	the decease stated above DATE SIGNE
22	P. BURIAL, CREMATIC REMOVAL (Specify	1) 9		alve C	OR CREMAT		224 LOC/	ival	y, town, o			(Slate)
23.	FUNERAL DIRECTO			ADDRESS				JUL 2 2	TRAR 2	46 REGIS	TRAR'S SIC	SNATURE	



08504

Pag Diet No

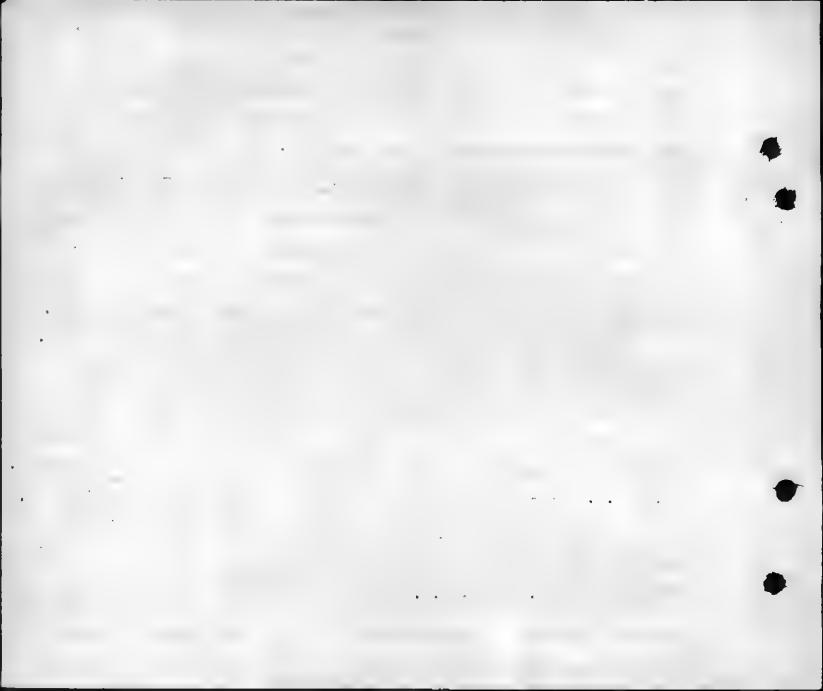
8515 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3									Kad. min	101
PLACE OF DEATH					2. USUAL RESI	DENCE (V	/here decea	ed lived. If Institu		before admission)
	Wicomi	CO	MARY	LAND	U. SIMIE	Mary	rland	b. COUNT	Wicom	ico
b. CITY OR TOWN (If and give nearest form)	outside corporate limits, writ]	e RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (I	outside cor	porate limits, write	RURAL and give	nearest town)
Salish					S	alis	bury			
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospital, give street oddress	1)	d, STREET A					ON A FAR
	a Genera	1 H	ospital		906	F.	Road			YES NO
3. NAME OF DECEASED	Fir	nt te	Middle		Lost		4. DATE	Manti	h Do	y Year
(Type or print)	Victor				Hoy		OF DEATH	7-		1950
S. SEX	6. COLOR OR RACE	7- MA	RRIED 🔲 NEVER MARRIED	D [☐] 8. 1	DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER TYEA	
м	C		WED DIVORCED [April		956	3 уп.	Months Days	
0a. USUAL OCCUPATION during most of working	ON (Give kind of work golife, even if retired)	done 10	b. KIND OF BUSINESS OR I	INDUSTR	Y 11. BIRTHPLA	CE (State	or foreign o	ountry]	12. CITIZEN	OF WHAT COUN
Non					Lan	wlan	d		TT. S	2 /
13. FATHER'S NAME					14. MOTHER'S					
Thoma	s Hov				1.7	able	Re	id		
15. WAS DECEASED EV		RCES?	16. SOCIAL SECURITY NO.	17. INI	FORMANT			Address		
Jies, no. or situlowij	fit Jar' flam over mt mitter or	Bervica)		Tile.	omas H		200 1	East Ros	3 0.13	3.53
IR CAUSE OF DEAT	TH. [Enter poly one can	se per li	ne for (a), (b), and (c).]			O.Y	808	LASL NO		TERVAL BETWEEN
	H WAS CAUSED BY					.17	1 7 ~ 4	+	QI	NSET AND DEATH
	IMMEDIATE CAUSE (o)		Compound fr	cacu	urea s	Kul.	r-rer	r banta	Ual	15 min.
X	DUE TO									
Conditions, if a		L								
gave rise to immed (a), stating the a										
couse last.	(c)									
PART II. OTH			CONTRIBUTING TO DEATH	1 BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART I(a)	
PART II. OTH										YES NO
200. EXTERMAL CAU PRIMARY Tor CON CAUSE OF DEATH.	JSE WAS 20	b. DESC	RIBE HOW INJURY OCCUR	RED. (En	ter nature of inj	ury in Parl	I or Port II	of item 18.)		
CAUSE OF DEATH.	C	hil	d struck by	v ca	r wher	i he	ran	after i	ce cre	am vend
20c. TIME OF INJUS	RY Month, Day, Yes	ar 20	d. INJURY OCCURRED 20	e. PLACE	OF INJURY (H	ome, farm	. 20f. (City		(County)	(Sto
20c. TIME OF INJUS	M. 7-1-	ra W	hile Not whilese	foctor	y, street, office	bldg., etc.)	alisbur	. ,	•
			work at work							V.
			e remains described			Autops	/ <u>L.</u> , .#	rspection -	Inquiry	子, and find
death resulted	fram: Natural	causes	Accident A,	Suici	ide 🔲 , Ho	amicide	□, U:	ndetermined o	ause 🔲.	
	1	-1	.//		_					
ACTUAL SIGNATURE	Con	-	· Ym		TO CHIEF MI	EDICAL EX	AMINER [DATE SIGNED
			. ``		ASSISTAN	IT MEDICA	AL EXAMINE	R 🗂		
EXAMINER'S NAME (Type)	Earl L.	Ro	yer, M.B.		DEPUTY	MEDICAL I	XAMINER		7-6-5	9
720. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC)F	22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)	(State)
Burial	7/5/ 50)	Green A	cer	S		Sai	Lisbury		l.d.
3. FUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS		//		BY REGIST		STRAR'S SIGNAT	URE
"unter or	To Atellant		Valia Vocal	97	18,	DATE	L 9 '5	9	and S. the	u.s

any delay is necessary, please exe-funeral director. Page 4 shauld be riar to burial, cremation, **Sgistro** TO DEPUTY MEDICAL EXAMINE. This certificate should be executed within 24 hours after death cute the restificate, writing to bard pending in pendil in them 18. Give Pages 1, 2, and 3 to farwark to the Chief Medicul Enaminer's Office along with farm PM3. Page 5 may lie retained TO FUNEXX. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 fifth

VS. A15ME(5) 5M 9/55

or remayal.



CERTIFICATE OF DEATH

08505

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 Diet	Ma		

		PLACE OF DEATH 5. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence of STATE D. COUNTY	e before admission)
	_	D. CITY OR TOWN (If autiside corporate limits, write c. LENGTH OF STAY IN	Maryland 301	nerse
		RURAL and give nearest town)	Paragage Phase) /
	7	d. NAME OF HOSPITAL (If not syntospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE
	0	OR INSTITUTION	. I I V	ON A FARM?
	Ž.V	mmaula general Hugh	NTU.	
		NAME OF First MiddleV DECEASED Type or print)	Last 4. DATE Month OF DEATH	Day Year
	5 5		Turmun July	YEAR IF UNDER 24 HIS
	7	MARKIED DIVORCED DIVORCED	lost pirthdoy) Wanths	Days Hours Min
	10a	USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR I	INDUSTRY 11, BIRTHPLACE State or fareign country) 12. CITIZ	EN OF WHAT COUNTRY?
	F	during most of working life, even if retired)	Findley, Ohio 2	1. S. A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	1	mmanuel Huffman	a Emma Lang Huf	fman
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address	
	[Yes	no, or unknown) [If yes, give wor or dates of service)	Mrs. Clarence Hu	ffman
		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]		INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	, it	- x + 1 1
		153.8 DUE TO	1 0	
		Conditions, if any, which) (b)	par Cydery.	1/2 -
		gave rise to immediate Cause (o), stating the under-		
		lying couse lost. (c)		
	ō.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	S			YES NO S
	CERTIFICATION	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED (Enter nature af injury in Port I ar Port II of item 18)	
	MEDICAL	· ·	Do. PLACE OF INJURY (Home, farm, 20f. (City or town) (Co	ounty) (Stote)
	MED	Hour o m. While Not while of work Of work	factory, street, office bldg , etc.)	
		21. I certify that I attended the deceased from 6/6	195 1 to 7/17/39 19 that I las	It saw the deceased
			eath occurred at	
		I was a set	ADDRESS (Street, city or lawn, state)	DATE SIGNED
		SIGNATURE (^) X V V · · · · · · · · · · · · · · · · ·	M.D. Middiel le l'in 22 d	1/18/ 1
)		PHYSICIAN'S	Х,	1 1
		NAME (Type)		
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETE	TRY OR CREMATORY 22d LOCATION (City, town, or county)	- (Stote)
	13	urial 11-14-5713ethans	Methodist Pocomoke Cit	yind
	23	PONERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC D BY REGISTRAR 24b. REGISTRAR'S SIG	
	X	DAYMIN 18. The lam 18	name monte JUL 22 59 Coulter &	Times.

24 haurs ofter death. Page 4

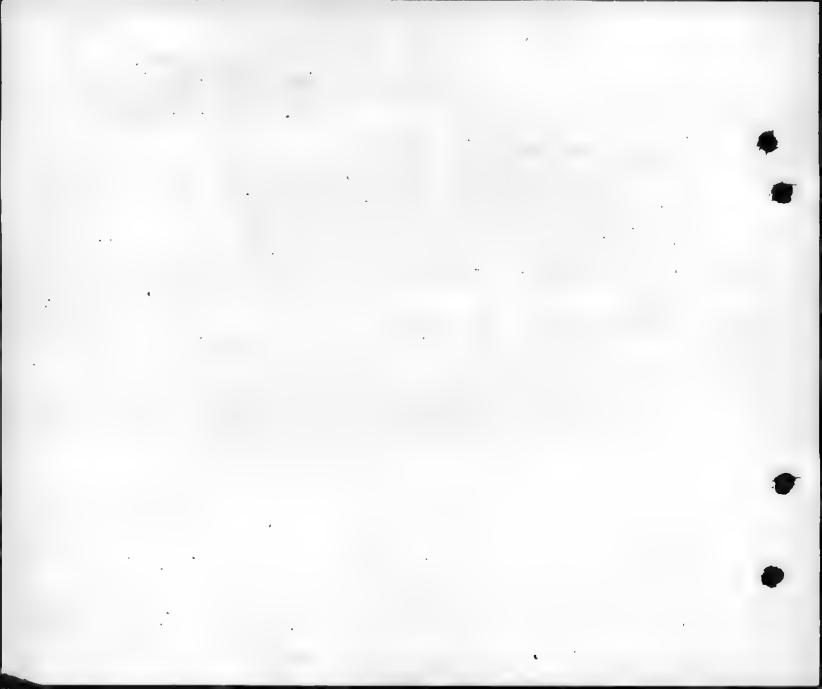
he funeral directar, shayld be filed with

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may be reived by the hospital complete.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physicion and complete, page 3 shauld be detached for use as the burial-transit permit. Then please remaye cerban papers. Pethe registrar prior to burial, cremation, or remayal, and in any event within 72 hour offer death. JAN: The law requires that the death certificate be executed

TO HOSPITAL VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8492 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rem Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) E. COUNTY a. STATE **b.** COUNTY MARYLAND Wicomico necessary, p Maryland Somersat b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) and give negres! town? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Princess Ann d. STREET ADDRESS e. 15 RESIDENCE Peninsula General Hospital Route YES NO NAME OF DATE Lost Month Year DECEASED (Type or print) DEATH George Adams 19 5. SEX 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE fin seon IF UNDER TYPAR IF UNDER 24 HRS. WIDOWED [DIVORCED [уп. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) S Farm Maryland Ħ 1, 2, moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hester Adams Poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Sally Adams Princess Anne Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Crushed left chest: dislocation cervical spine Sudden 5/6X DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause lost PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ö PERFORMED? NO-F 200. EXTE NAL CAUSE WAS PRIMARY I OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) in car involved in head on collision. Passenger 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Rectary, street, reffice bldg., etc.) While Not while? Princess Ann Somerset Md. 21. 1 certify that I tack charge of the remains described abave, held an Autopsy 1. Inspection X Inquiry A, and find that death resulted from: Notural couses , Accident Suicide , Homicide , Undetermined couse **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER DE 7-27-59 Earl Rover

22c. NAME OF CEMETERY OR CREMATORY

John Weslev

ADDRESS

VS. A15ME(5) 5M 9/55

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23. FUNERAL DIRECTOR'S SIGNATURE William H. James Jr. Princess Anne, md

22a. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

Bur**a**a

Cottage Grove Marvland 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cirilar S. Frank

(State)

22d. LOCATION (City, town, or county)



X

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		MARY	LAND	STATE DE	PARTM	ENT OF H	EALTH	-BAL	TIMORE, 1	8	0.50	506	
		85	64	CER	TIFIC	ATE OF E	PEATH			Reg. Di		JVU	}
١.	PLACE OF DEATH a. COUNTY	Wicomico		м	ARYLAND	H - STATE -	DENCE (Who		l lived If Institution b, COUNTY	eni Residen	ce befor		ian)
	b. CITY OR TOWN RURAL and give	(If autide carporale limi negrest tawn) SKLN	ts, write	c. LENGTH OF S		H , ,	rown (11 ou Tyask		rate limits, write R	URAL and	give nea	rest tawn)
	d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, (give street o	oddress)		d. STREET A	DDRESS				ľ	ON A YES	DENCE FARM? NO
1	NAME OF DECEASED (Type or print)	HLTTI.		Мі	ddle HU	IRLEY	Ť	4. DATE OF DEATH	July	th	Do y		fear 19 59
5.	Female	%. COLOR OR RACE	7 MARR	DEVER MA	ARRIED	8. DATE OF BIRT	н 376		9. AGE (In years lost birthday) 83 yrs.	Months 1	1 YEAR 2'3'	Haurs	R 24 HRS Min
	during most of wa	ION (Give kind of work rking life, eyen if retired BWIIB	dane 16b	KIND OF BUSINES		Mai	rylan	d	ountry)		.S.	WHAT	COUNTRY?
13.	FATHER'S NAME Minolles Mills Hester rhillips												
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address												
	No or unknown)		-			s Lake	Hurl	ey,	Tyuskin	, Ma:			
		immediate (G	ero la los ond	-	wlar. Osten	020	<u>é-lei</u> Qere	ut- sis		ONS	EYAL BE EY AND We	TWEEN DEATH
CERTIFICATION		THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 15	PERFO	AUTOPSY RMED?
CERTIF	20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	YAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJUR	Y OCCURRE	D (Enter nature a	f injury in Po	ort I ar Par	t II of (lem 18.)				
MEDICAL	20c TIME OF INJU Have a. m		or 20d IN While of work	JURY OCCURRED Not while	20e. PL fa	ACE OF INJURY (ctary, street, office	Hame, farm, bldg., etc.)	20f (City	ar tawn)	((Caunty)		(State)
	21. I certify that I attended the deceased fram 5/8, 1959, to 7/30, 1959, that I last saw the deceased alive an 7/30, 1959, and that death accurred at 9.2. M, fram the causes and an the date stated above. ACTUAL SIGNATURE PLANT ACTUAL SIGNATURE												
220	BURIAL CREMATION REMOVAL (Specify	ON. 22b. DATE THEREO		22c. NAME OF C	EMETERY O	*3		22d. LOCA	TION (City, Iown, I	or county)		(Stote)
23.	FUNERAL DIRECTO	1 -/ -/	/	ADDRESS	<u> </u>	ociti.	24o. REC'D		ipguin,	STRAR'S SIG			
1	1. 1. 1.	1 1 2 2 3	, Bi	.valve,	Lary	land	DATE AU	G 5 '5	9 Ca	Roug S.	tuna	A	



CERTIFICATE OF DEATH

Reg. Dist. No.

08508

1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
	(COUNTY MARYLAND	O. STATE AJARY AND B COUNTY WORKESTER
	ı	CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If aus de carporate limits, write RURAL and give nearest town)
	0	RURAL and give nearest town)	GIENLETEE
	>	d NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e is RESIDENCE
	0	en noula General Hospi	ON A FARM? YES NO DO
	3.	NAME OF First Middle	Last 4 DATE Manth Day Year
		OFCEASED (Type or print)	JONES DEATH JUAY 15 1959
	5. 5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
		WIDOWED X DIVORCED	1 25 92. last birthday) Manths Days Hours Min
	10a	. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during most of working life, eyen if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
		HOUSE WIFE HAME	MAIZY ANA USH,
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1		WILDUR JONES	JOSEPHINE VONES
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 1, [If yes, give wor or define of service)	NFORMANT Address
- "		0	18. ALERY JONES BERLIN Md.
		18. CAUSE OF DEATH [Enter only one couse permine for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (a) COUNTY	(Veclusion) Tolay
		420.1 DUE TO	
		Conditions, if ony, which) (b)	
		gave rise to immediate cause (o), stoting the under DUE TO	1. A. (Car Danne (La)) ! 7
	-	lying cause lost (c) Coloradoel	colle Coldiovascinal His.
Δ	TON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMEDS
	£ CA	Molecus Mellelles	9 ganarene, less leg YES NO P
	CERTI	OR CONTRIBUTING [] CAUSE OF DEATH!	D. (Enter nature of Injury in Part) of Port II of item 18)
	AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20o. PI	ACE OF INJURY (Hame, farm, 20f (City or town) (County) (Stote)
	MEDIC	Hour o. m. While Not while fo	ACE OF INJURY (Hame, farm, 20f (City ar town) (County) (Stote)
	×	p. m. Of work of work	Sa HILL CO.
		21. I certify that I attended the deceased fram.	19-7, ta 1/1-2, 19-7, that I last saw the deceased
		alive an 19.7-, and that death	ADDRESS (Street, cibor tam) state) ADDRESS (Street, cibor tam) state)
		ACTUAL RUSCES & SORdia	DINESTICE 7/15/50
,		SIGNATURE	M.D. 1177 = 0.401 1 1/9
-		PHYSICIAN'S RUFUS S, GARDNER	DR. SALISBURY M
	220	BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY C	OR CREMATORY 22d LOCATION (City, Jown, al county) (State)
		REMOVAL (Specify) 7-18-59 Cool Spring	15 CEM- GERGLETICEE, Ma.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	١,	F. Stewart Full Home Dalisbury	md DATE SUL 22'59 Collar & Kraska

TO HOSPITAL OR ATTENDING In CIAN: The law requires that the death certificate be executed in 24 hours after death. Ilage 4 may be repaid by the hospital thending physician.

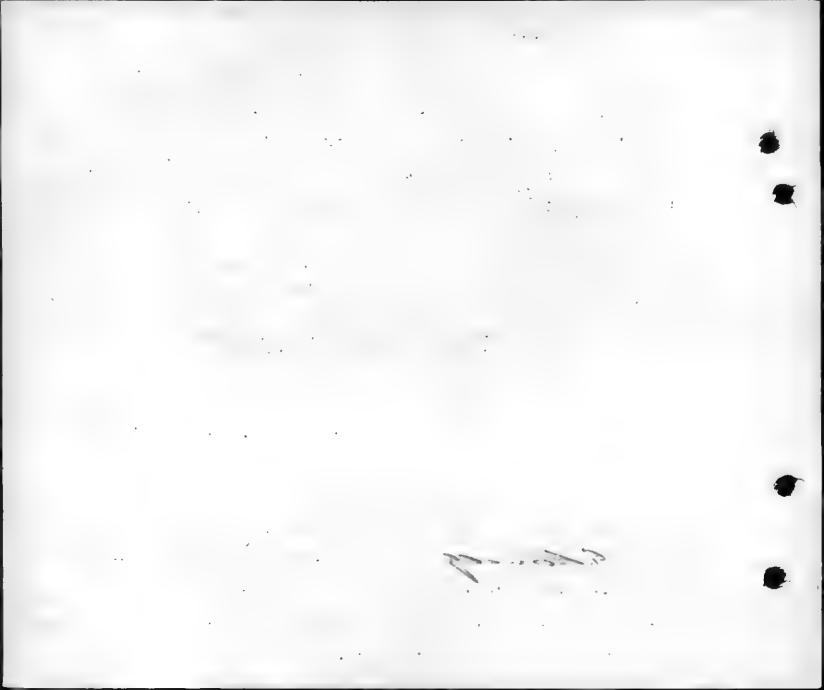
TO FUNERA ECTOR: After the lifticate has been signed by the attending physician and completery filled in the fulleral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

VS A1S (4) 15M 9/58



after death.

death



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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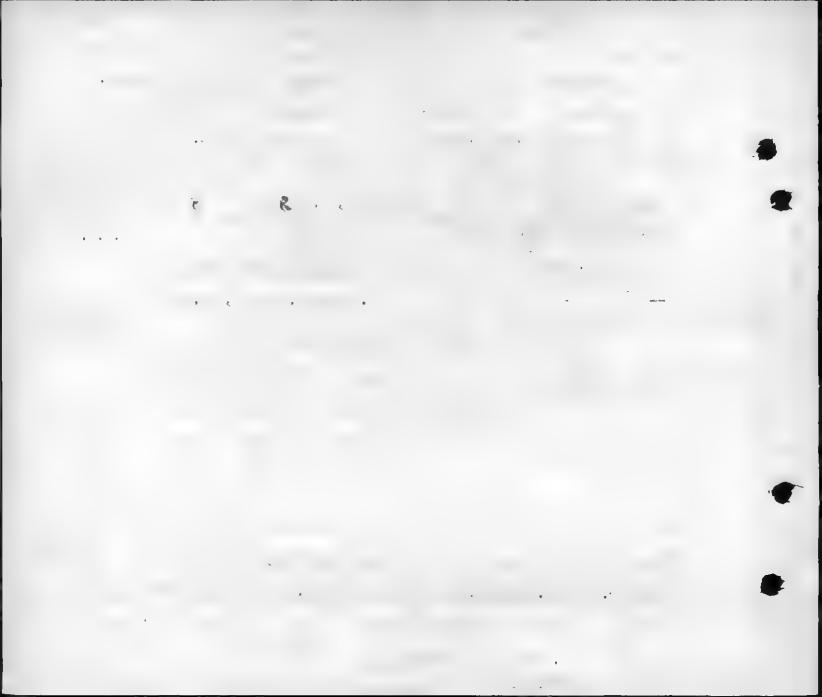
physician

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hours after death.

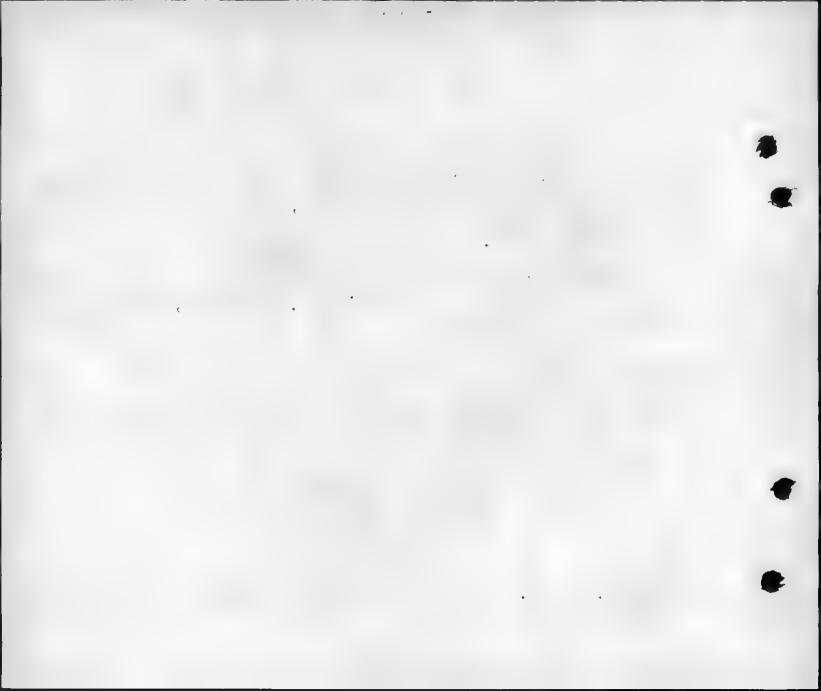


DIDOIG G	should		TO FUNEX TOTRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrat pror to burial, crematic
essory,	r. Poge 4 sh	1	burial,
15 1100	rector.	á	or to
This certified a should be executed within 44 hours offer deciny selections, predict of the control of the certified and	uneral director	your :	gistro
Ö	Ī	Ē	the re
COOL	cute the 22th state writing the and "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to	it's Office along with farm PM3. Page 5 may be retained for you	2 with 1
	2, on	y ba	ond
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7 11	ve Po	Pog	File
	<u>ن</u> ن	PM3.	πij.
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	pendir	er's (e use
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VS. A15ME(5) 5M 9/55

08511 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8520 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY	Wicomico	M.A.	RYLAND	1			sed lived If institution of the second of th			dmission)
	b. CITY OR TOWN (I	or survive corporate limits, write the Salisbury			c. CITY OR			porate limits, writ		ve negresi	town)
-								/	0 X - 3		
	G. NAME OF HOSPI	Prince St	at in hospital, give street add	ress)	d. STREET A	In Vi	illa	ge			RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	JOSEPH	Middle ROGER	-	ANDING		OF DEATH	JUL	Ϋ́ l	3th	Year 19 59
5.	sex Male	7.71. 3.3	MARRIED NEVER MARR		pril 1	1,188	81	P. AGE (In years lost bethday) 70 yrs.	Mepths Da		NDER 24 HRS.
10	o. USUAL OCCUPATI	ON (Give kind of work dan	106. KIND OF BUSINESS C	R INDUST	RY 11. BIRTHPLA	CE (State o	r foreign e	country)	12. CITIZE		AT COUNTRY?
	etired b	Employee De	ot.Store		Eur	e No	rth	Carolin	a U	S A	
13	. FATHER'S NAME				14. MOTHER'S						
	Frankli	n Landing			Lu	cy Ei	ure				
15	NAS DECEASED EV	/ER IN U. S. ARMED FORCE (If yes, give war or dates of servi		Mir	ince S	ish !	Eure Sali	(Daught sbury, M	er(Ran larylar	zhk:	erx
		TH [Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (c)	per line for (o)/ (b), and (c).]		~ 0	cel		V		ONIET AND	TWEEN DIWH
	420.0	DUE TO	12 +2 -		(A)	<u> </u>	1	00	\ /	,	
	Conditions, if a		theleny	- 100	Lang	لكنر،	Men	A Nu	المحدر ا	yen	
	gave rise to imme (a), stating the cause lost.	> But you								7	
ATION	PART II, OT	HER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION GI	VEN IN PART 1	o) 19. W/ PES YES [FORMED?
CERTIFICATION	20g. EXTERNAL CA PRIMARY G or CO CAUSE OF DEATH.	USE WAS D 206. 1	DESCRIBE HOW INJURY OCC	URRED. (E	nter nature of inj	vry in Parl I	l or Part II	af item 18)		,	
MEDICAL	20c. TIME OF INJU Hour a.m., p. m.	RY Month, Day, Year	20d. INJURY OCCURRED While Nat while of work at work		E OF INJURY (H		20f (Cit	y or town)	(County	')	(Stole)
	21. I certify t	hat I took charge o	the remains describ	ed abov	re, held an	Autopsy		nspection 🗡	, Inquiry	🖄, an	d find that
	death resulted	from: Natural car	uses 🔁 , Accident [], Suid	ide 🔲, H	omicide	□, U	ndetermined	cause .		
	ACTUAL SIGNATURE	Enfl	Rul		_M.D. CHIEF MI	EDICAL EXA	MINER [DAT	E SIGNED
	EXAMINER'S DE	r. Earl L.	Royer			NT MEDICAL MEDICAL EX		~	July_	13_	1959
22	REMOVAL (Specify Buris:	DN. 276. DATE THEREOF July 15/	22c. NAME OF CEM		crematory g Cemet		nd loca Eur	e, Nort	or county) th Caro		late) A.
	FUNERAL DIRECTOR		ADDRESS			24a. REC'D	BY REGIST		ISTRAR'S SIGNA	4 -	
H(OITOMAX 9	& COMPANY	SALISBURY	MARYI	LAND	DATE JU	L 1 4	'59 C	Inthus S. 1	hand	



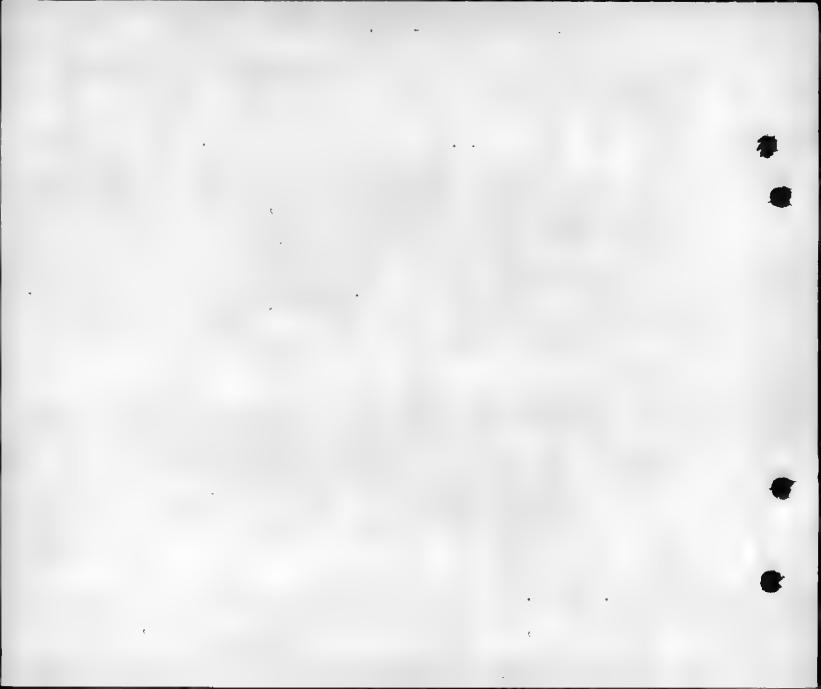
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VS. A15ME(5) SM 9/55

08512

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	7.7.								itiani Residence b	
L	a. cookir	Wicomico		MARYLA	ND	o. STATE M	ary.	Land	b. COUNI	Y Wicom:	100
1.	and give negrest fown	foutside corporate limits, write		c. LENGTH OF STAY IN	Ъ	lł:	-		A B	RURAL and give	nearest town)
(Rural)	'Salisbur	У			. * S	ali	sbury	(Rural)		
				spital, give street address)		d. STREET AD					e. IS RESIDENCE ON A FARME
L	Upper Fer	rry Cross	ing(]	R.D.#)		1	07]	Fook	St.		YES NO
3	NAME OF DECEASED	Fin	ıł	Middle		Last		4. DATE	Ment		
	(Type or print)	WILLIAM	HEI	VRY CLAY	I_{I}	ARMORE		DEATH	JULY	6 th	1959
5.	SEX		7. MARRI	ED 📉 NEVER MARRIED [□ B.	DATE OF BIRTH			AGE (In years lost byginday)	Months Days	Hours Min.
L	Male	White	WIDOWE	test test		octpber	25	<u>,1907</u>	51 yrs.	Impirits Days	Pious Min.
10	during most of working	ON (Give kind of work of life, even if retired)	dane 10b. I	KIND OF BUSINESS OR IN	DUSTI	RY IT. BIRTHPLAC	CE (Slate	ar foreign ça	iunity)		OF WHAT COUNTRY?
L	Laborer	Window	Wash	er		Laur	el,	Dela	ware	U	S A
ı	3. FATHER'S NAME	_				14. MOTHER'S M			-		
L	Frankli	n Larmore				Emma	. J 81	ne To	wnsend		
1	5. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO	MY W	FORMANT	Mae	Larm	ore(Min	'e)107	Fook St.
	(en. po. or ynknown)					Salisb	ury	Mary!	land		
		TH Enter only one cou	se per line	for (a), (b), and (c).		7				INT	SET AND CLATH
Т	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)			15	~~~	^			*	tuexclen
	835 X	DUE TO					4				
	Canditions, if a						V				
	gave rise to imme (a), stating the										
	couse last.	(c)									
Š	PART II, OTI	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO T	HE TERMI	NALDISEASE	CONDITION GI	VEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?_
NO LA PLON	5										YES NO 📉
Series	200 EXTERNAL CAL PR MARY 17 or CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCRIB	E HOW INJURY OCCURRE	D (E	nter nature of inju	ry in Pari	t i or Part II o	of item [B.]	Dr. Fr	505
			100	a conger	Vh.	- Municipal	1 66-	~ hu	لاسالمدين	7/12	7
14016	Have G. IL	3		NJURY OCCURRED 20e	PLAC Facto	E OF INJURY (Ho ry, street, office b	ome, farm oldg , etc.	20f. (City	n 1	(County)	() (Stolet
2017		10.	of we	ork 🔲 of work 🛂 😉	_				·Wic	sime, .	12.2
	21. 1 certify t	hat I took charge	of the	remains described	abb	, held an A	Autoph	y 🔲, 🔢	spection X	, Inquiry 2	g, and find that
	death resulted	from: Natural	causes [], Accident 🗹,	Suic	ide 🔲 , Ho	micide	, Un	determined	cause 🔲.	
		SE (1)	1								DATE CIGNICA
	SIGNATURE	cay L	17	Ju		_M.D. CHIEF ME	DICAL EX	(AMINER			DATE SIGNED
	EVALUNERIE					ASSISTANI	T MEDIC	AL EXAMINE		July	\$ 1959
L	NAME (Type) DI	. Earl L.	Roy	er		DEPUTY M	LEDICAL	EXAMINER)		
2	20. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC	F	22c. NAME OF CEMETER					ION (City, town,		(State)
	Burial	July 9.	1959	Wicomico	M					ry Mary	
2	3. FUNERAL DIRECTOR			ADDRESS	A ==	2	40. REC1	D BY REGISTI	ZAR 24b. REGI	STRAR'S SIGNATI	
	HOLLOWAY	& COMPAN	Y S	ALISBURY, M	AH	YLAND	DATE J	UL 1 4 '	03 6	Inthun S. K.	takki.



VS ATS (4) 15M 9/5B

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18	08513
0504				~ - ·

8521 CERTIFICATE OF DEATH

Reg. Dist. No.

- 75												
1	1. PLACE OF DEATH, a. COUNTY	omice		MAR	YLAND	2. USUAL RESI	Mary		lived. If institut b. COUNTY		e before admi	ssion)
	RURAL and give per	outside carporate limit:	, write c	LENGTH OF STAT	Y IN 1b	c. CITY OR	_	nide corporo	re (Ru	RURAL ond gi	ve nearest tav	(n)
,	d NAME OF HOSPITA	LL (If not in ffdspital, gi	re street addr	ress)		d. STREET					ON	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	JOHN		Middl TANLEY	e	le mast		4. DATE OF	J. Mo	n Ih	Doy 16	Yeor 19 59
	5. SEX	6. COLOR OR RACE	7. MARRIED			. DATE OF BIRT		9	. AGE (In years last birthday) 67 yrs.	Months I	YEAR IF UND	ER 24 HRS.
		N (Give kind of work d ng life, even if retired) (Retired)	Hous	~ .		1 ~	rlest	on We	st Vir		EN OF WHAT	COUNTRY?
	Noah Le		F52 14 50C	TAL CECURITY N	O I IN			-	A riv	dence		
	NO III	f yes, give war or dates of set	vice)	LIAL SELOKITI IN	Mr	Parso	l M.L.	eMast rg Ma	ers(Wi ryland	fe)R.	D.# 2	
		mediote (se per line fo		2(1	101	2.4	- 1 Kon 4 - 1	· · · · · · · · · · · · · · · · · · ·	M.	INTERVAL BONSET ANI	
	PART II. OTH	ER SIGNIFICANT COND	HTIONS CON'	TRIBUTING TO DI	EATH BUT I	NOT RELATED TO	O THE TERMIN	IAL DISEASE	CONDIT ON GI	VEN IN PART	PERF	AUTOPSY ORMED?
	(IF EITHER, NOTIFY	CAUSE OF DEATH	206. DESCRIBI	E HOW INJURY	OCCURRED	. (Enter noture o	af Anjory in Po	art I ar Part i	I of item 1B.)			
	Zoc. TIME OF INJURY Hour o. m. p. m.	' Manth, Day, Yea 19	While at work	RY OCCURRED Not while at work	20e PLA foci	CE OF INJURY : ory, street, offic	(Hame, farm, e bldg., etc.)	20f. (City o	or town)	(C	ounty)	(Stote)
/	ACTUAL SIGNATURE	at I attended the	., 12 <u>9</u> 7	> #	t death	1.0 5	3: 10b	M, from the DORESS (Street) - LCL	ne causes and the causes are caused and the causes are caused and the causes a	nd on the	date state	
	220. BURIAL, CREMATION REMOVAL (Specify) BURIOL 23. FUNERAL DIRECTOR'S	July 10		NAME OF CEAUNING!		-	1 Par	ck Ne	on (City, lown,	arlest		
- 1	HOLL WAY &		SALI		MARY	LAND		BY REGISTR		ISTRAR'S SIG		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FUNER

VS A15 (4)

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Items 18-21 FILE STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8522 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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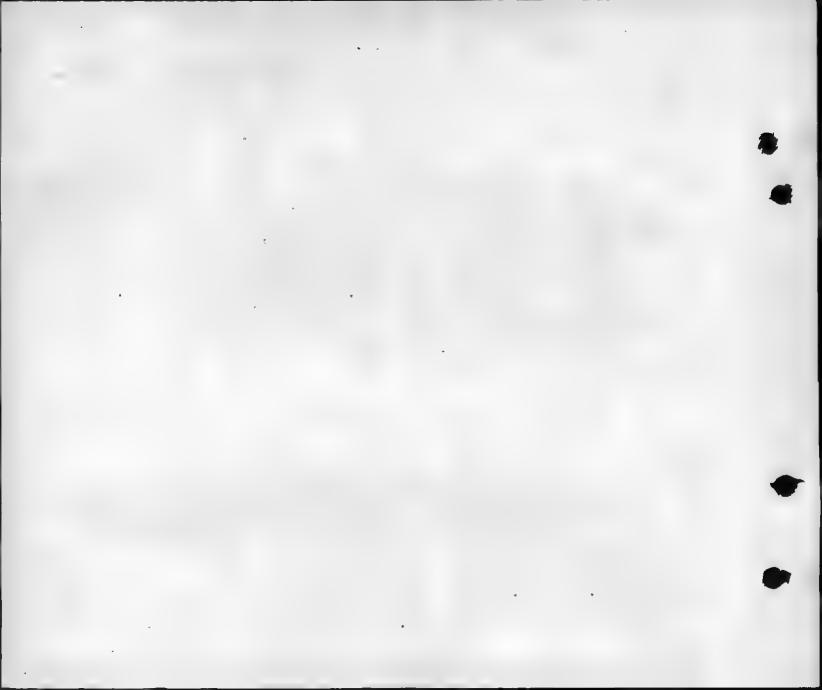
Reg. Dist. No.

	PLACE OF DEATH 6. COUNTY	icomico		MARYLA	ND	2. USUAL RES		here dece ylan		institution DUNIY		ce before odm	
	b. CITY OR TOWN (If ond give recreat long)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1b	e. CITY OR	Sal	outside co 1sbu	rporote limits,	write RUR	AL and g	Ive nearest to	wn)
	d. NAME OF HOSPITA	en Jen Ho	f not in ho spit	spital, give street oddress)		d. STREET	ADDRESS 209	E.	Locus	t St		ON	A FARM?
	NAME OF DECEASED (Type or print)	ZAD(CK	Middle RUFUS		IONO		4. DATE OF DEATH		Month		0 + 1	9 59
5.	sex Male	White		ED A NEVER MARRIED		arch I		102	9. AGE (In yold lost bigghdo)		JNDER 14		ER 24 HRS. Min.
10.			WIDOWE				4 4		27	yrs.	3 21	4	
100	Junk Yar	d Employe	e luo.	kind of Business or ini Junk	NUSIK	Poc	omoke	or toreign Mar	yland		U. CITIZE	S A	COUNTRY?
13.	FATHER'S NAME	-				14. MOTHER'S							
L	Rufus L	ong				Airy	y Mor	gan					
15. (Ye		R IN U. S. ARMED FO (If yes, give was or dotes of		SOCIAL SECURITY NO.	MP	S. Nach	nel I Isbur	ong(Wife'rylan	d ddreg 09	E.]	Locust	St
	18. CAUSE OF DEAT	H [Enter only one cau	se per line				***					INTERVAL BETWI	EN
ı	PART I. DEATE	H WAS CAUSED BY:	P	araldehyde	poi	soning						Hours	
	8747	DUE TO											
	Canditions, if an	y, which } (b)	A	cute alcoho	lis	m						Hours	
	gove rise to immedi (o), stating the u	iote couse				T-111-1							
	couse fost.	(c).									-		
NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTR BUTING TO DEATH 8	UT NO	OT RELATED TO	THE TERMI	NALDISEA	SE CONDITION	N GIVEN I	N PART 1	(e) 19. WAS	AUTOPSY
3												YES [A]	RMED?
CERTIFICATION	PRIMARY OF CON	SE WAS TRIBUTING [] 20		erdose of pa				l or Port I	of item 18.)				
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	20d.	INJURY OCCURRED 20e.	PLACE	E OF INJURY (I	Home, form.	20f. (Cit	y or lown)		(Count	y)	(Stote)
WED	11 45 % m.	7-7-5919	While of we			y, street, office Gen. H			lisbur	y w	icom	ico	Md.
	21. I certify the	ot I took charge		remoins described o	bov	e, held an	Autopsy	77, 1	nspection	Α Τ, 1	nguiry	A ond	find that
	death resulted	from: Notural	auses [, Accident [7],	Suici	ide 🔲, H	lomicide	<u> </u>	ndetermin				
	ACTUAL SIGNATURE	En-14	16	Ve-		M.D. CHIEF N	MEDICAL EX	AMINER [)			DATE S	IGNED
	1000000	r. Earl l		y of		DEPUTY	NT MEDICAL E		v -	Jul	y_7	195	59
220	BURIAL CREMATION	July 11	1.959	Vicomico		morial	L Par	276. LOCA	allsb	ury,	Mary	yland	e)
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'D	BY REGIS	TRAR 24b.	REGISTRA			
H	CILOWAY	& COMPANI	S.A.	LISBURY MA	RY	IAND	DATE JU	L 1 4	'59	Onth	17 2. 7	inned.	

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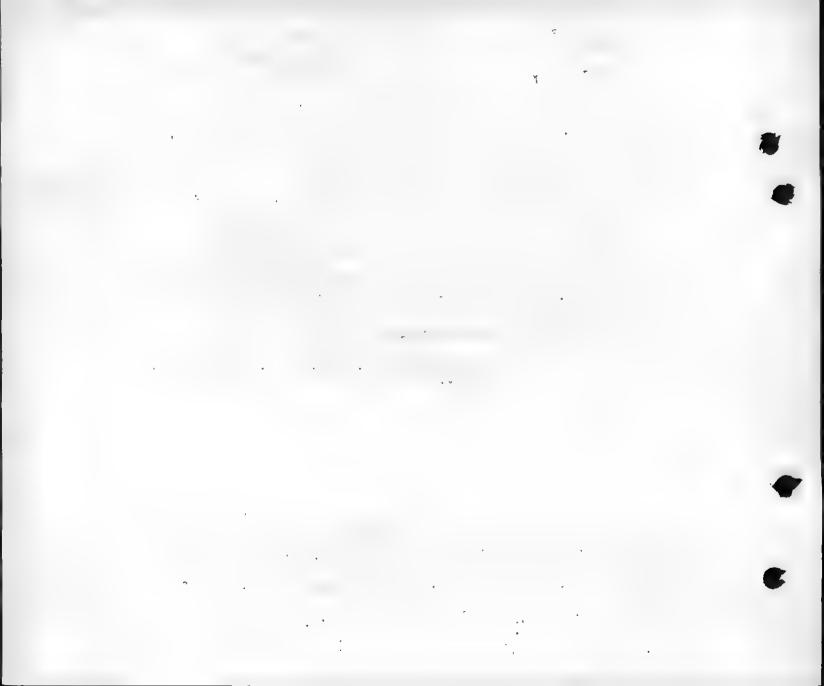
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MEDICAL EXAMI



ofter death.

requires that the death certificate



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08516 CERTIFICATE OF DEATH 8525 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY Maryland b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury Wisbury d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS OR INSTITUTION Taney Ave. YES T NO I Yeninsula Genera NAME OF 4. DATE Middle Month Year DECEASED BABY BOY DEATH (Type or print) 195 narmer IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED A LEVER MARRIED S. SEX 9. AGE (in years lost birthdoy) Baby GRCED WIDOWED | comple 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) None Salisbury, Maryland pup carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physician remove cark Benjamin Herschel Cyvia Feldman hours 16. SOCIAL SECURITY NO erschel Marmer (Father) Taney Ave. T-UPRING! attending ; 2 Salisbury, Maryland eose INTERVAL BETWEEN TB. CAUSE OF DEATH [Enter only one couse persine for (o), (b) and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED? YES NO Z 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc. Hour o.m. While Not while of work of work ____, 19_5_That I last saw the deceased 2). I certify that I attended the deceased fram. that death accurred at 45 alive an M, fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or lown, state) ō ACTUAL SIGNATURE 1959 PHYSICÍAN'S Dr. James P. Gallaher Medical Center - Salisbury, Maryland 220. BURIAL, CREMATION, 226 DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Israel Cemeterv Beth Salisbury, Maryland 0 24g, REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b, REGISTRAR'S SIGNATURE **ADDRESS** JUL 1 6 '59 arthur & Thous HOLLOWAY & COMPANY VS A15 (4) SALISBURY 15M 9/SB SEE HEVERSE SIDE)

TWIN I was considered an abortion since the weight was under that of a stillbirth and apparently the term had not been for a period of 20 weeks. NOTE FROM HOSPITAL - 8/27/59-mmib

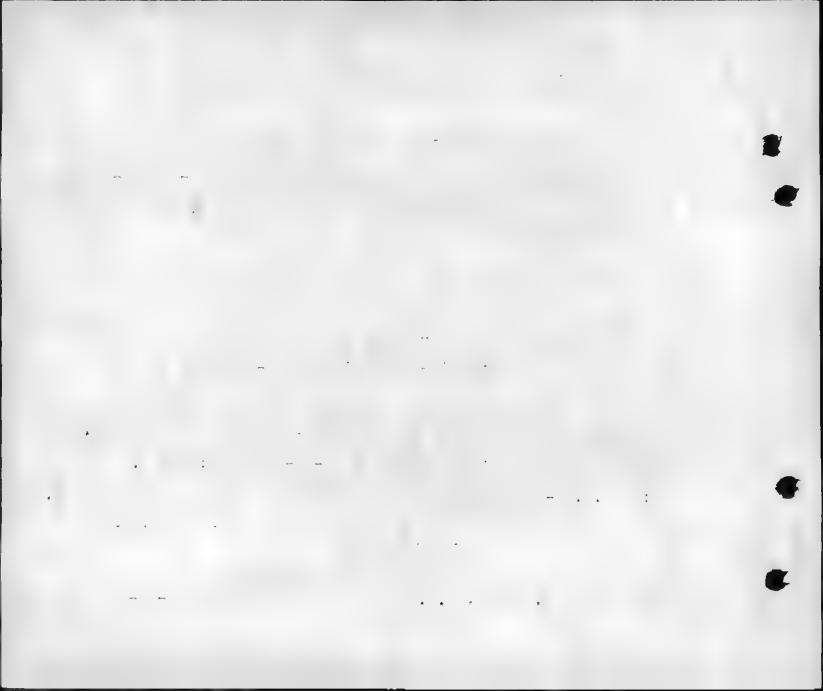
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08517

8526 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased live	d. If Institution	Residence before	odmission)
" o. COUNTY Wicomico	MARYLAND	o. STATE Mar	yland	b. COUNTY W	isomice	20
b. CITY OR TOWN (if outside corporate limits, write and give nearest town)	RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corporate	limits, write RURA	L ond give neares	it town)
Salisbury		Berlin			2:	
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d: STREET ADDRESS				IS RESIDENCE ON A FARM?
Peninsula General	Hospital	Route	# 2			S ☑ NO □
3 NAME OF First	Middle	Lost	4. DATE	Month	Doy	Yeor
(Type or print) James	KENDALL	Massey	OF DEATH	7-	23-	19 59
S. SEX 6. COLOR OR RACE	7- MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AG			INDER 24 HRS.
M W	WIDOWED 💢 DIVORCED 🔲	Nev. 23.1	870 81	Mon yrs.	ths Days Ho	urs Min.
190. USUAL OCCUPATION (Give kind of work diduring most of working life, even if retired)	one 106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sibre	or foreign country)	12	CITIZEN OF WI	AT COUNTRY?
FARMING KT LUMBER	DELF EMPLOY	EN STRL	-IN M	130	0.5	4
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
WILLIAM K, M	ASSEY	JANO	1144	DIXS		
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no, or unknown) (If yes, give wer or dates of se		FORMANT	u	Address	0	NI
NO No	116 17,	P. MAYMON	DMASS	SGY	DERY	1 / / N
18. CAUSE OF DEATH [Enter only one cause	s per line for (o), (b), and (c).	1			ONSET AN	D DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Broncho-pneum	onia			de	ays
8/2X DUE TO						
Conditions, if any, which) (b)	Arterio-scler	otic cardi	o-vascu	lar dis	ease ;	years
gave rise to immediate cause (a), stating the underlying DUE TO						
couse last. (c)_						
PART II, OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT N					
0	elbows and left				tions,	NO
PRIMARY OF CONTRIBUTING	DESCRIBE HOW INJURY OCCURRED. (E.					
1 1	Struck by auto		-	:45 A.M	•	
20c. TIME OF INJURY Month, Day, Year 10.145m. A.M. 6-12		E OF INJURY (Home, form	20f. (City or lov		(County)	(Stote)
₹ 10:45m A.M. 6-12-	-58 work □ Not while ★ Hi	ry, street office bldg, etc.	Berl	in Wie	bmico	Md.
21. I certify that I taak charge	of the remains described above	re, held an Autaps	y 🔲 , Inspec	tian 💢, In	quiry 💢, ar	nd find that
death resulted from: Natural c	auses 🔲, Accident 📑 Suid	ide 🔲, Hamicide	, Undete	rmined cause		
\$ 0.	8					
SIGNATURE	Van	M.D. CHIEF MEDICAL EX	CAMINER [DA	TE SIGNED
EXAMINER'S	X	ASSISTANT MEDIC	AL EXAMINER			
	Royer, M.D.	DEPUTY MEDICAL	EXAMINER X	7-21	1-59	
220. BURIAL, CREMATION, 22b. DATE, THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or cou	nty) [Stote)
15URIAL 1/26/	159 EVERGI	26-67	6 CR	-14		(11)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS .	I/A // /	D BY REGISTRAR	24b. REGISTRAR	A .	
14mm 4.120	of Julia	Med DATE UL	_ 2 8 '59	Cirling	S. Flrance	



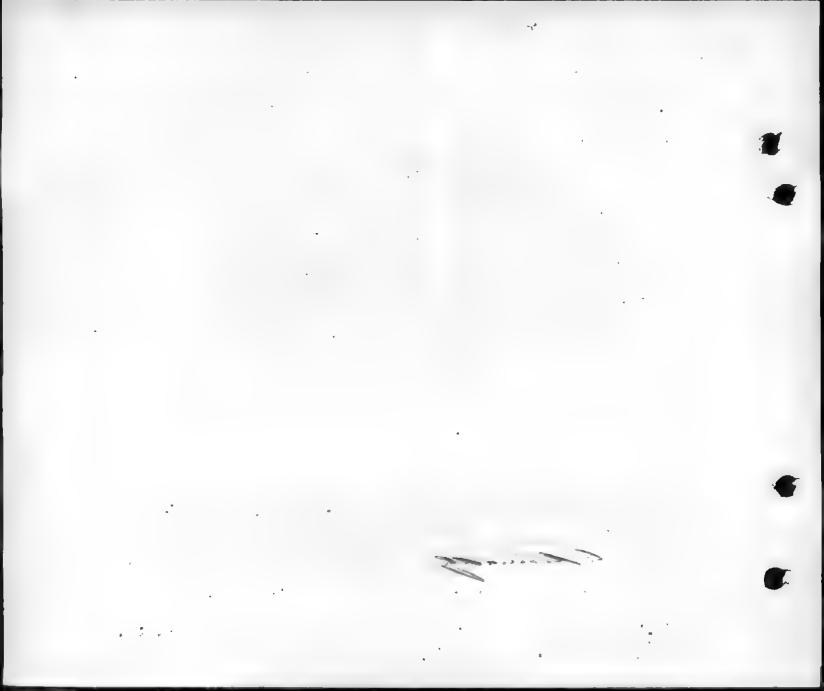
	0000	OEKIII 10	AIL OI DEAIL	•		Reg. Dist. No).	
	ACE OF DEATH COUNTY Wicomico	MARYLAND	2 USUAL RESIDENCE (Who, STATE Maryla	_	d If institutio b. COUNTY	Nicomi		ion)
b. (CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	6 hours	c. CITY OR TOWN (If o		imits, write RU	JRAL and give ne	arest town	·)
d.	NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION Deer's Head State Hosp	ital	d. STREET ADDRESS			·		IDENCE FARM?
[DE	ME OF First CEASED Kendall	Middle Thomas	Massey	4. DATE OF DEATH	Mont July			Year 19 59
S SEX	Male 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7/6/1884	9. A	GE (In years ost birthdoy) 5 yrs.	Months Doys	R 1F UNDE Hours	Min.
10a. U	SUAL OCCUPATION (Give kind of work done 10k uring most of working life, even if retired)	> KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Marylan		y)	12 CITIZEN O		OUNTRY
13. FA	THER'S NAME Kendall Massey		Nancy	Timmons	3			
1S. W. {Yes, no	AS DECEASED EVER IN U. S. ARMED FORCES? [16] (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO.	NFORMANT Hospit	al Recor	rds Addin	ress.		
1	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) A DUE TO Conditions, if ony, which agove rise to immediate couse (o), stoting the under-	Ine for (o), (b), and (c)-] rteriosclerotic	cardiovascul	ar disea	ıse	ION	TERVAL BE	TWEEN
RTIFICATION	R CONTRIBUTING CAUSE OF DEATH					EN IN PART I(o)	PERFO	AUTOPSY PRMED? NO X
	ic. TIME OF INJURY Month, Doy, Year 20d. Hour o.m. Whil	£-	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		own)	(County)	(Stote
2 G A Si	1. I certify that I attended the deced live an July 6 , 19 CTUAL GNATURE GNATURE GO Kosmahly,	59 , and that deat	maccurred at 5:50F	July 6 M, from the ADDRESS (Street. Head Sta	causes and city or town, s ate Hos	d an the dat state)	e stated	lecease d above re si gne 59
27c B	ur A., CREMATION, 22b. DATE THEREOF EMOVAL (Specify) 7/8/59	22c. NAME OF CEMETERY C		22d. LOCATION		or county)	(Stote	e)
23. FU	NERAL DIRECTOR'S AGRATURE	A Direction	Malle	D BY REGISTRAR	24b REGAS	STRAK'S SIGNATI	JRE	

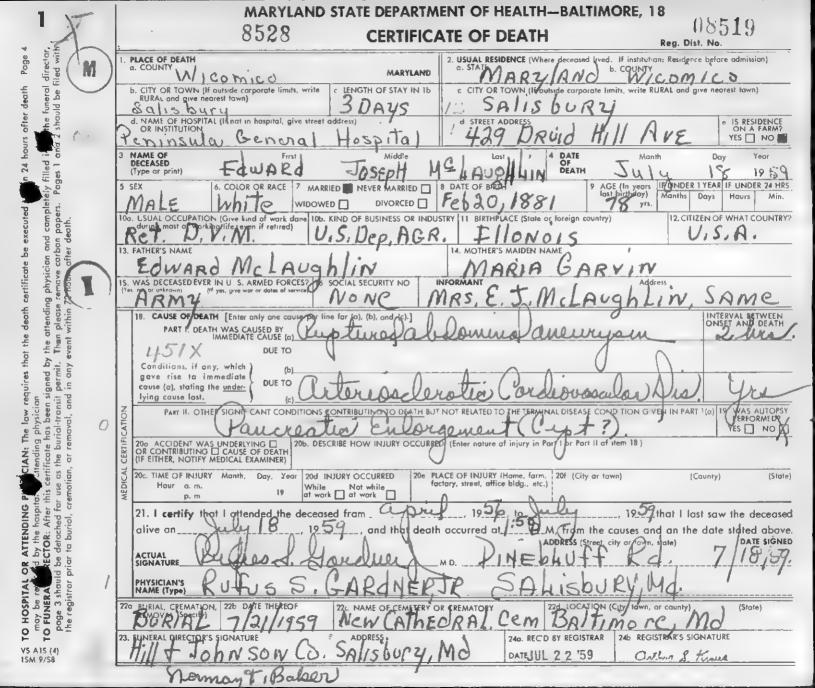
n 24 hours ofter death. Page 4 i the funeral director, and 2 should be fited with TO HOSPITAL OR ATTENDING PARCIAN: The law requires that the death certificate be executed in 24 ham may be in display the hospital cathending physician.

TO FUNERA ECTOR: After this certificate has been signed by the attending physician and completely filled it page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papery Pages 1 and the registror prior to burial, cremation, or remayal, and in any event within 72 haurs after death. M

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VS A15 (4) 1SM 9/SB





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	attending	please re	CZ midden 70
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	and by	sermit.	7.00
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endir	Ficate	the t	1
d by the haspita. Attending physician.	ECTOR: After this certificate has been signed by the attending physician and camplete	hould be detached for use as the buriol-transit permit. Then please remover a chan papers.	The state of the same of the s
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18	08520
8529	CERTIFICATE	OF DEATH	Reg. D	ist No

		O O HI U	•					
	1 P	PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY					
	h	L CITY OF TOWN IS A LITTLE TO THE COUNTY OF STAY IN THE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		RURAL and give nearest town)	DEL MAD WIN.					
		d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE					
Š.	P	ENINSULA GENERAL HOSPITAL	500 JEWEL ST YES NO EN					
		NAME OF First Middle	Last 4. DATE Month Day Year					
		(Type or print) PAOL CARR N	DATE OF RIGHT					
	5. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF JINDER 24 HRS lost birthelps) Months Days Hours Min.					
	10a.	LUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS						
	C	during most of working life, even if retired) CND UCTOR PHIL ROAL	VIRGINIA USH					
	13, I	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	C	JOSEPH MEELHEIM	VIRGINIA HICKMIN					
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (15 yes, give wor or dotes of service)	Address Address					
	_	1/10 -	ares Ill June - Sulmer Les					
		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH					
		332 X IMMEDIATE CAUSE (o) DUE TO	1 are marked					
		Conditions if now which \						
		gove rise to immediate couse (o), stating the under:						
		lying couse ost (c)						
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOI PERFORMED							
*	2		YES NO D					
	CERTIFICATION	20s. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	O (Enter nature of injury in Part I or Part II of item 18.)					
	3		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)					
	MEDICAL	Hour o. m. p. m. 19 While Not while of work of work	tary, street, office bldg., etc.)					
		21. I certify that I attended the deceased from						
		alive an						
		ACTUAL / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS (Sireel, city or town, slote) DATE SIGNED					
,		SIGNATURE (C) CULL S. EULY	M.D. Che allower of the 1-13 St					
		PHYSICIAN'S NAME (Type)						
	220.	D. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OF	R CREMATORY 22d. SOCATION, (City, town, or county) (Slate)					
	B	Junal 7-18-59 4/2	Delmar XII					
	23. 1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
	V	12 Manie Co- Vulna,	DATEJUL 21 '59 arklung & Krunt					



ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE, 1	8

	8530 CERTIFICA	ATE OF DEATH Reg. Dist. No.					
ľ	DI PLACE OF DEATH O. COUNTY A COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE b COUNTY WICOMICO					
ŀ	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Salisbury	/2 Salisbury					
	d. NAME OF HOSPITAL (If not in hospital) give street address) ORINSTITUTION TEN NO SWIA GONERAL HOS BITAL	Del. Avenue e. Is residence on a farm? Yes \(\) No \(\)					
Ì	3. NAME OF First Middle	Last 4. DATE Month Day Year OF DEATH					
ŀ	(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED M	1// (16.3					
	Fomale Colored WIDOWED DIVORCED	July 6 1959 last birthday) Months Days Haurs Min.					
	100. USUAL OCCUPATION (Give kind af wark dane during mast of working life, even if retired)	USTRY 11. BIRTHPIACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY					
ŀ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Benny Mason	Doris Miles					
	S. WAS DECEASEDEVER N U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unispoun) (News, give wor or dates of service)	BROOM MASON Del. Ale Sale					
Ī	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	9 4 // (9) + INTERVAL BETWEEN ONSET AND DEATH					
PART I, DEATH WAS CAUSED BY: (Chrotia - malene lange malene							
	161.0 DUE TO Frem (2) re	making Kingthert of minutainer					
Ī	Conditions, if any, which gove fise to immediate DUE TO 6 8 11 2 18	+ + + A Dadana & A - 1					
ı	lying cause last.	taking with franch of cord					
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING TO CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
	206 ACCIDENT WAS UNDERLYING TO 206 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port 1 or Port 11 of Item 18)					
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PI	PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State factory, street, office bldg., etc.)!					
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e Pl 4 Hour a. m. 19 While Not while of work 0 of work 19 19	actory, siteer, office bidg., etc.)					
	21. I certify that, I attended the deceased from	, 19.57, ta					
1	alive an 19 59, and that death	th accurred at 1.550M, from the causes and on the date stated above					
	ACTUAL SIGNATURE Lillan & Lornach	M.D. 766 (Amden Ave Salisbury Md.					
	PHYSICIAN'S NAME (Type)	, , ,					
	POPEURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY CONTROL OF CEMETERY CONTRO	OR CREMATORY 22d LOCATION (City, town, or county) (Stole)					
f	NERAL DIRECTOR'S SIGNATURE	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE					
	LYONGOK III. 4/VII, NOVIA PLAK	DATE JUL 1 4 '59 arthur S. Kraus					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08522

e. IS RESIDENCE ON A FARM? YES NO

Year

19

Hours

12. CITIZEN OF WHAT COUNTRY?

II

SA

INTERVAL BETWEEN 2 hou

hours

2 hours

PERFORMED?

(Stote)

YES AND anesthesia.

DATE SIGNED

(State)

general

(County)

Inquiry.

7-11-59

IF UNDER 24 HRS.

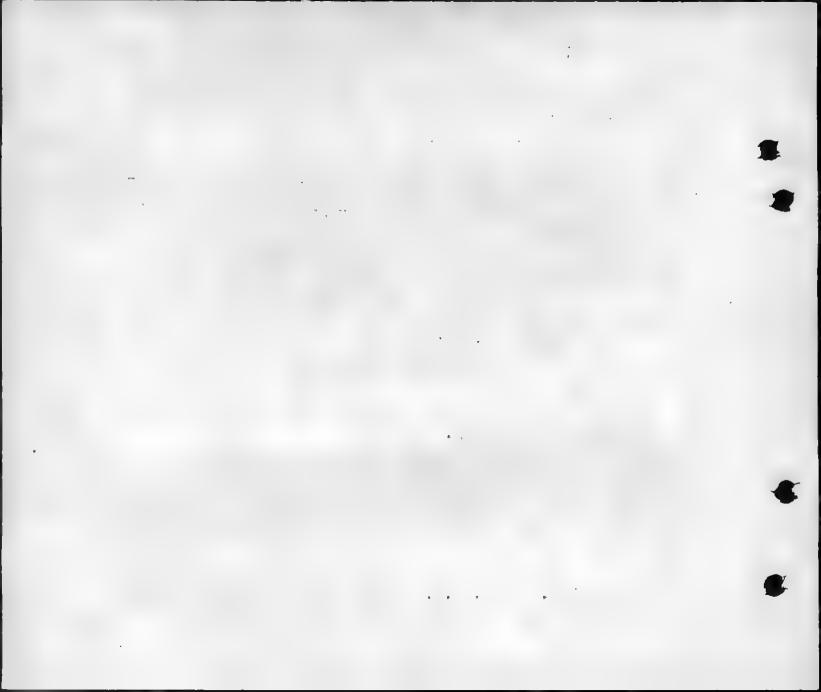
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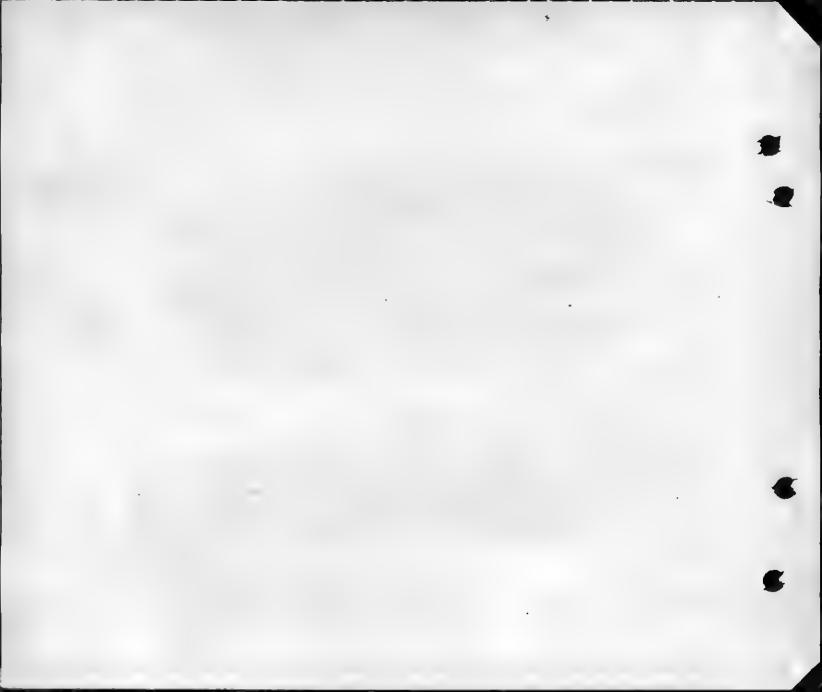
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AL	,	the Chief Medical axominer's Office along with form PM3. Page 5 may be retained right your f	2	
2	0	2	EC	
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32	erl		1	2
E	0	·	FUNERATORRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registratory or to burial, crematio	040
2	£	10	Z	E
0	ute	ST.	3	T L
0	cute the certificate, writing th	ų.	0	0
_			_	
TO DEPUTY MEDICAL EXAMINER This certificate show He mecumed within 24 hours after death. If any delay is necessary, please ex	. A	15/	ME(5)

5M 9/55

			MAI	CILARD	SIMIE DEFM	KINE	AT OF HE	ALIN	DALIIM	OKE, I	() {	523 -
			8532	MEDIC	AL EXAMII	NER'S	CERTIFI	CATE	OF DEA		Reg. Dist. N	
	1. Pt	LACE OF DEATH	4				2. USUAL RESIDI	ENCE (Where	deceased lived.			
and the same	a.	COUNTY	WICOM	1100	MA	RYLAND	a. STATE	IAR VI	AND 6	COUNTY	NICOM	ICO
	b.	CITY OR TOWN	If outside corporate lim	its, write BURAL	c. LENGTH OF ST	AY IN 1b	c. CITY OR TO	2 12 2 1	de corporate lin			
	<	SALISB	URY				SALI	SBUR	2 Y			
	d.			ON (If not in	hospital, give street odd	Iress)	d. STREET ADE	DRESS	~/			e. IS RESIDENCE
	_ Ja	VICONI	20 R	WER			OAK	1+11	LA	VE		YES NO
	3, N	AME OF ECEASED		First	Middle		Last	4. D	ATE	Month	Day	Year
		ype or print)	ULLIAI	nq	FRANC	IS	MIL		EATH	7	2	1959
	5. SE	X n.4	6. COLOR OR	RACE 7. MAI	RIED NEVER MARE				9. AGE lost ber	that I	UNDER TYEAR	
		וען		WIDOV			12-27-		3	yn.	nonths Days	Haurs Min.
	10a. du	USUAL OCCUPATI	ON (Give kind of ing life, even if re	work done 10t	, KIND OF BUSINESS (OR INDUSTR	Y 11. BIRTHPLAC	E (State or fa	reign country)			F WHAT COUNTR
\		LABORI			MOVING		0.0 -	YLA			US1	7
/	13. F	ATHER'S NAME	4.301 -				14. MOTHER'S MA					
			ONKI					IVIA	RIE	MIL	ES	
	15. V (Yes. 1	no, or unknowed	VER IN U. S. ARM! (If yes, give wor or d	ED FORCES?	16. SOCIAL SECURITY N		FORMANT			Address	, ,	. 1
		NO.	- Constitution of the Cons			M,	S. NoT	Te ll	inder	gliding	tico 1	ld.
	1			· ·	ne for (a), (b), and (c).]						INT	ERVAL BETWEEN SET AND REATH
		PARI I, DEA	TH WAS CAUSED IMMEDIATE CAU	SE (a)	Trownin	g					5	u dden
		929.8	DU	E TO		1						
		Conditions, if a gove rise to imme		{b}								
		(a), stating the		E TO								
	l 1-	couse lost.)	[c]	CONTRIBUTION						<u> </u>	
	CERTIFICATION	PARI II. UI	HER SIGNIFICANI	CONDITIONS	CONTRIBUTING TO DE	AIH BUI NO	DI KELATED TO TH	E TERMINALE	DISEASE CONDI	HON GIVEN	I IN PART I(6)	PERFORMED?
	FIC.	Me EVTERNAT CA	LISS WAS	20h DESCI	NOE HOW INDIRA OCC	TIPPED /E-	Non making of inter-	to Book to	20 1 12 2 14 1			YES NO
	ERT	200 EXTERNAL CA PRIMARY DO OF CO CAUSE OF DEATH	NTRIBUTING [CNO D	_	NED.	y in Port i gr	FORT IT OF ITEM 1	b.)		
		20c. TIME OF INJU			J. INJURY OCCURRED	,	OF INJURY (Hon	on form 120	V (City or found		(County)	(Stote)
	MEDICAL	Hour (b. m		() w	hila Nat while 🌣	factor	y, street, office blo	dg., etc.)	Ch.	n		
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			from: Natu						-	ے 'لسیادن		, and find the
	l i`	degili resomed		Aut cooses	/ Accident [ide [_], Hor	nicide 🔲	, Undeterr	ninea cal	re Fit	
		ACTUAL	/F ~~	11	Bre		CHIEF MED	ICAL EXAMIN	JER 🗍			DATE SIGNED
		SIGNATURE					M.D.	MEDICAL EX				7-7-59
农、		EXAMINER'S NAME (Type)	EARL	L	ROVER.	Mil	M.	DICAL EXAM				1-121
	22a.	BURIAL, CREMATIC	ON, 22b. DATE TH	HEREOF	22c. NAME OF CEM	ETERY OR C	REMATORY	22d	LOCATION (Ci	y, town, or o	county)	(State)
		REMOVAL (Specify	7-4	-1959	GREEN	A	CRES		ALISI		1	min,
	23. FI	UNERAL DIRECTO	TW.		3/400RES/	30/2	1, 111) 24	a. REC'D BY	REGISTRAR 2	4b. REGISTR	ARS SIGNATU	IRE
	7	1 F 57	EWAR	TF	Orv. He	OME	D	ATE	2 '59	arthu	or S. Hence	4 >
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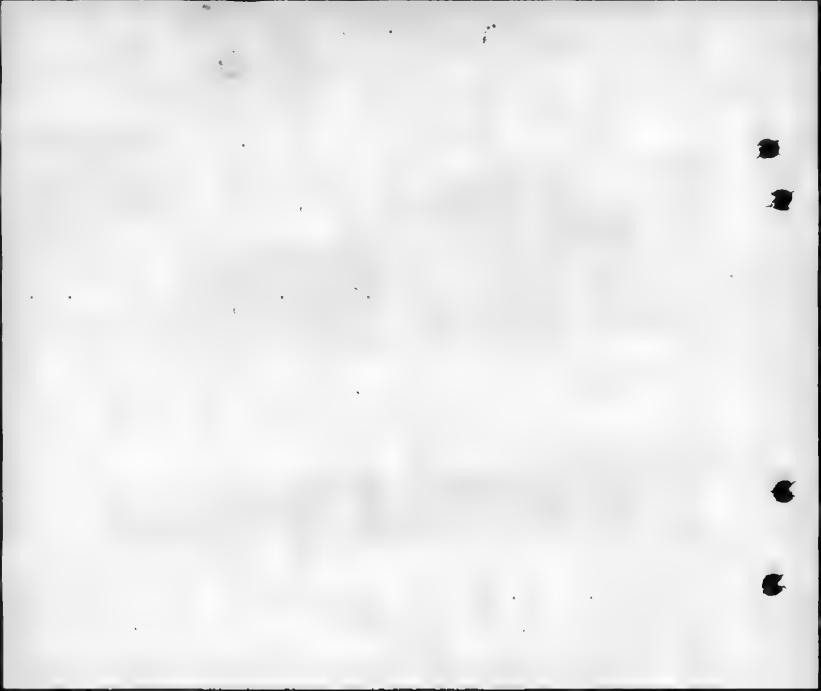
	10 FUNERAL FRECTOM After this contribute has been signed by the attending ph	page 3 should be detached for use as the burial-transit permit. Then please rem	the registror prior to burial, cremation, or removal, and in ony event within 72 ha
	atten	ald na	t with
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8533 CERTIFICATE OF DEATH

	0000	CERTIFIC	AIL OI DI			Reg. Dist. No.	
1 PLACE OF DEATH 0. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDE o STATE	NGE (Where deceased li Maryland	ved If institution b. COUNTY	Residence before odn Wicomico	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town). Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corporor Salisbury		RAL and give nearest to	wn)
d NAME OF HOSE OR INSTITUTION	Pen Gen Ho		d STREET ADD	DRESS Calvert S	t	ON	RESIDENCE NA FARM?
3 NAME OF DECEASED (Type or print)	KING	PRESTON	MORRI	S 4. DATE OF DEATH	JULY	7 th	Year 19 59
s sex Male	T 75 A 1	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 9,			FUNDER I YEAR IF UN Months Days Hou	
Plumber	TION (Give kind of work done 1 prking life, even if retired) — EMPLOYEE	%. KIND OF BUSINESS OR INDI		CE (Stole or foreign coun am Virgini		USA	TCOUNTRY
James Mo	าหาเร		14. MOTHER'S M				
	/ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	1	sey E. Monr	is(Wife	e)724 Rog	er St
Z Z	immed ote DUE TO g the <u>under.</u> L	NS <u>Contributing to death</u> bu		HETERMINAL DISEASE C		PER	AS AUTOPSY RFORMED?
\$ 20c. TIME OF INJU	IG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Year 200	.1	LACE OF INJURY (Ho	ome, form, 20f (City or		(County)	(Stote
Hour o.m	10	work of work	octory, street, office b	ilog., etc.)			
21. I certify alive an	that I attended the dece 1759 19 1120 St. Const. Tred R. Const.		M.D. 5: 10 jis	Dale 1' 1 0	e causes and st, city or town, st	July 9	ATE SIGNE
20. BURIAL, CREMAT REMOVAL (Specif BUri		22c. NAME OF CEMETERY OF Parsons			on (City, town, or		State)
23. FUNERAL DIRECTO		ADDRESS		40. REC'D BY REGISTRA		RAR'S SIGNATURE	
THE THE TRUE A Y	W LINE ANY	SALLISKIEV MAR	r v 1 . EU (1) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NATE THE T A 'SU	6 4 4 4	had a Menual	



	8534MEDICA	L EXAMINER'S	S-CERTIFICAT			11852 Dist. No.	25
I. PLACE OF DEATH	Wicomico	MARYLAND	2. USUAL RESIDENCE (M		and the same of the same of	dence before odm	
b. CITY OR TOWN and give negres! h	(If outside corporate limits, write RURAL SALISBURY	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	nits, write RURAL or	nd give nearest to	own}
d. NAME OF HOS	PITAL OR INSTITUTION (If not in hosp Pen Gen Hospi		d. STREET ADDRESS	N.Divi	sion St	ON	A FARM?
3. NAME OF DECEASED (Type or print)	MARGARET	ESTELLE	losi PARKER	4. DATE OF DEATH J	Month ULY]		100r 1959
s sex Female	6. COLOR OR RACE 7. MARRIE WIDOWED	DIVORCED [July 14,189		(In years IF UNDE	Dog Hours	Min.
10a. USUAL OCCUPA during most of wor HOUSE	TION (Give kind of work done 10b. K king life, even if retired) Work at Home	IND OF BUSINESS OR INDUST None	Maryland	or foreign country)	12. CI	TIZEN OF WHAT	COUNTRY?
13. FATHER'S NAME Warren	1 Lee Davy		14. MOTHER'S MAIDEN N	· ·			
15. WAS DECEASED (Yes, no. of unknown)	EVER IN U. S. ARMED FORCES? 16. 9	OCIAL SECURITY NO. 17, 1	George T.1	Parker(Hi	usband)] yland	L204 N.	Div.S
	EATH [Enter only one cause per line f EATH WAS CAUSED BY: SMMEDIATE CAUSE (o)	or (o), (b), ond (c).]	O-c	elmi	~/	INTERVAL BETWO	Ž.
Conditions, If	DUE TO		0				
gove rise to ime (o), stating the couse lost.	nediote couse	tatata	e. A. 128	- 12%	_	2	the
NOLLY PART II. C	OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMI		TION GIVEN IN PA	RT 1(o) 19. WAS PERFO YES	AUTOPSY DRMED? NO X
20g EXTERNAL C PRIMARY OF C CAUSE OF DEAT	AUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED (E	inter nature of injury in Part	or Fort II of item 1	B.)		
20c. TIME OF IN	m. While	Not white foct	CE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (City or Iown)) (C	ounty)	(Stote)
	that I took charge of the red fram: Natural causes		ve, held an Autops cide . Hamicide		an X, Inqui	iry 🔀, and	find that
ACTUAL SIGNATURE	Full 1		M.D. CHIEF MEDICAL EX	AMINER [-	DATE:	S!GNED
EXAMINER'S NAME (Type)	Dr. Earl L. Ro	yer	ASSISTANT MEDICAL I		July _	17	1959
		22c. NAME OF CEMETERY OR		22d. LOCATION (CIL	by, town, or county)	,	(a)
23. FUNERAL DIRECTO		ADDRESS	24a. REC'I		24b. REGISTRAR'S S	IGNATURE	



MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18 18526
8535 CERTIFIC	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
o. COUNTY	"MARY AND 6. COUNTY SAMERSET
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SALISBUAY 76A4S	CHANCE 13x
d. NAME OF HOSPITAL (If not i) hospital, give street address) OR INSTITUTION	d. STREET ADDRESS - ON A FARM?
PENINSULA GENERAL HOSPITAL	MAIN SOAD YES NO ET
3. NAME OF DECEASED / First Middle	Last 4. DATE Month Day Year
(Type or print) 3 E QL/4/7	TARKS DEATH JULY 21 1959
S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In yeors IF JNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min.
TEMALE WHITE WIDOWED DIVORCED	JAN-20-1001 77m
10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	
13. FATHERS NAME	14 MOTHER'S MAIDEN NAME
FLITAH COX	ELIZABETH DRYDEN
	INFORMANY Address /
(Yes, no, or unknown) (19 ye), give wer or detes of service)	W. RILAND PARKS - CHANCEMI
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Jed Carilla Carilla ONSET AND DEATH
/ i DUE TO // // 0 0	Vi al Aucho
Conditions, if any, which) (b) Cold Cold Cold Cold	a il () weil . ()
gove rise to immediate couse (a), stating the under-	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS OF CONTRIBUTIONS CONTRIBUTIONS OF CONTRIBUTIONS CONTRIBUTIONS OF CONTRIBUTIONS CONTRIBUTIONS OF	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
5	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTION OF THE PROPERTY MEDICAL EXAMINER	ED (Enter nature of injury in Part I or Part II of Item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	(State) (County) (ACE OF INJURY (Home, form, 20f. (City or town) (County)
21. I certify that I attended the deceased from July	75. 19 17 to 1/1 1 1 1 1 1 lost sow the deceased
The second secon	h occurred of 1.05/AM, from the causes ond an the dote stoted above.
	ABORESS (Street, city of town, state) DATE SIGNED
SIGNATURE / / C C. L. C. L.	M.D. 14 ide (Clifter 1/59
PHYSICIAN'S NAME (Type)	will be live and a
220. BURIAL, CREMATION, 226 DATE THEREOF 22c, NAME OF CEMETERY (22d LOCATION (City town, or county) (State)
BURGET JULY23-1959 ROCK CI	REEK Chance md.
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
a musica delaster	DATE DE E 33 Circling & Kinned



n 24 haurs ofter death. Page 4

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A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

118527

		853	6	CERTIFIC	ATE OF DEAT	H	Re	g. Dist. No.	
1.	PLACE OF DEATH	icmico	•	MARYLAND	2 USUAL RESIDENCE (M	here deceased liv	b COUNTY W	idence before o	odmission)
	RURAL and give ne	outside corporate limi prest town) Salisbury	ts, write	c. LENGTH OF STAY IN 16	c city or town (if	outside corporote sonsbur		and give neares	t fown)
	OR INSTITUTION	At (If not in hospital, g en Gen H			d street address In V	'illage			IS RESIDENCE ON A FARM? ES NO M
3.	NAME OF DECEASED (Type or print)	IV.	-	CATHERIN	E PARSONS	4. DATE OF DEATH	JULY	29th	Yeor 19 59
5.	Female	White	7 MARR	DED STREYER MARRIED S	8. DATE OF BIRTH Apr11 8,189			NOER I YEAR IF	UNDER 24 HRS lours Min.
0	during most of work	ing life leven if retired		s Factory	Parsonsh	ourg, Ma		2 CITIZEN OF W	HAT COUNTRY A
13.	Larid W.	Parsons			Carrie E				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	nformant ss.Louise F Parsonsh	Parso	ns(Siste ryland	r)	
AL CERTIFICATION	PART I. DEA 4/0 X Conditions, if or gove rise to ir couse (0), stoting to ying couse lost. PART II. OTH	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO IV. which he under: CER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C	ONTR. BUTING TO BEATH BU	ED (Enter nature of in,ury in	Port I or Port It	of item 18)	ONSET VI	WAS AUTOPSY PERFORMED NO
MEDICAL	21. I certify the alive an ACTUAL SIGNATURE	at I attended the	White of world decease	Not while of the off work of t	h accurred at 2: 41	ADDRESS (Street	1, 1954, that e causes and ar t, city or lown, stole Ju	lly31	tated above DATE SIGNED /1959
220	NAME (Type) DY 8 JRIAL, CREMAT OF REMOYAL Specify)	Burus S. 226. DATE THEREO	F	22c. NAME OF CEMETERY C	Pine Bluft or CREMATORY or Cemetery	22d LOCATION	Onsburg	unity)	(State)
	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		D BY REGISTRAF	24b. REGISTRAF		

TO FUNERAL VS A15 (4) 1SM 9/S8



22c. NAME OF CEMETERY OR CREMATORY

Parsons Cemetery

ADDRESS

Salisbury, Maryland

22d. LOCATION (City, fown, or county)

240 REC'D BY REGISTRAR

DATE IUL 1 3 '59

Salisbury, Maryland

246 REGISTRAR'S SIGNATURE

Orthung & Strauge

0 VS A15 (4) 15M 9/SS

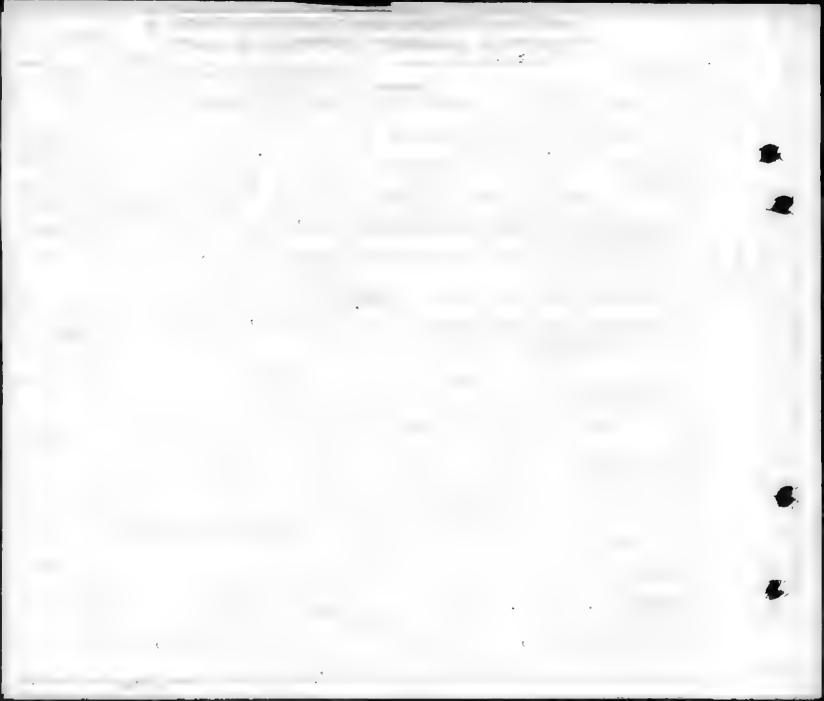
22b. DATE THEREOF

220. BURIAL, CREMATION,

MANAGE Pecify

23. FUNERAL DIRECTOR'S SIGNATURE

Hill & Johnson Co.

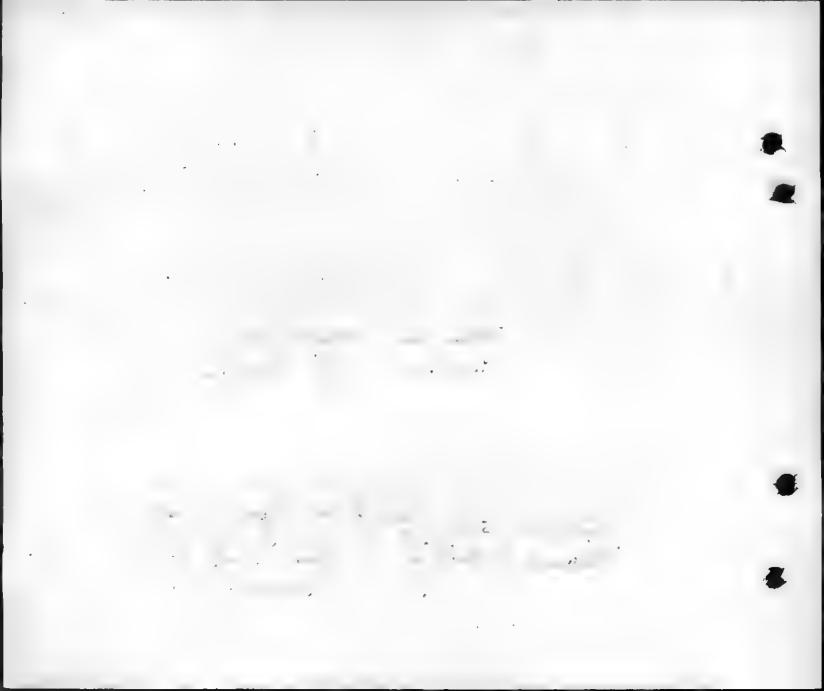




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(State)

VS A15 (4) 15M 9/5B



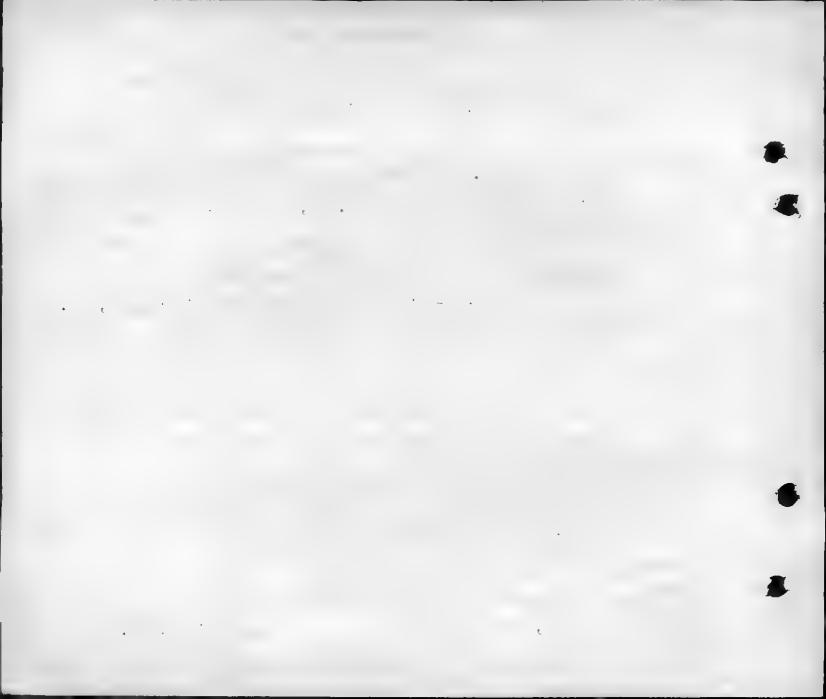
240. REC'D BY REGISTRAR

DATE JUL 8

246 REGISTRAR'S SIGNATURE

VS A15 (4 15M 9/55

3. FUNERAL DIRECTOR'S SIGNATUR



VS. A75ME(S) 5M 9/55 F

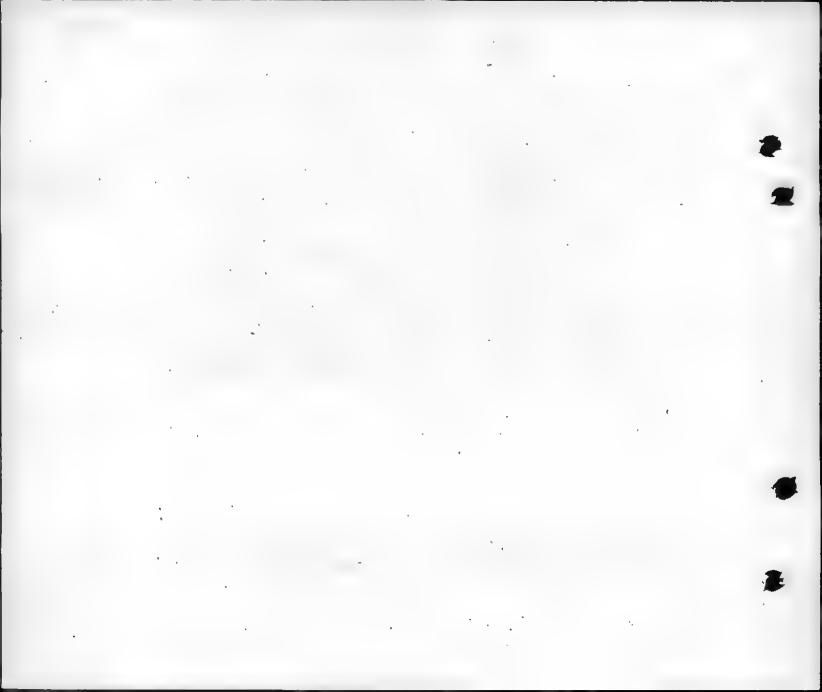
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8541 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

118533

Reg. Dist. No.

1.	PLACE OF DEATH				2. USUAL RESED	ENCE (W	here deceased I	ived. If Institu	ution: Residen	ce before	odmission)
	e. COUNTY	comico		MARYLAND	o. STATE	enne	swl van	b. COUNT	ΓY		
	b. CITY OR TOWN (If a		RURAL	c. LENGTH OF STAY IN 16			autside corpora		RURAL and	give neare	st town)
	Salish	איינוני					Phil	adelni	oto 7		
	d. NAME OF HOSPITA	L OR INSTITUTION (II	not in hos	pital, give street address)	d. STREET AD	DRESS		arra-Tin	LL B	e,	IS RESIDENCE
	Pening	la Gener	പെ സ	asnital	1670	H4'	lleres	+ D3			ON A FARM?
3.	NAME OF	Fire		Middle	Lost		4. DATE	Mont	h	Day	Year
	(Type or print)	Paula		I. q	loat		OF DEATH		7		19 50
5.	SEX		7. MARRIE	D NEVER MARRIED A 8.				AGE (in years	IFUNDER 1	YEAR IF	UNDER 24 HRS.
	म	TAF	WIDOWE	DIVORCED [] J1	une 10th	, 19	37	ost birthday)		lays Ho	urs Min.
10	a. USUAL OCCUPATIO	N (Give kind of work d	one 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLAC	E (Stole)	or foreign count	7)	12. CITIZ	EN OF WI	HAT COUNTRY?
	Student	lire, even it refired)		Student	Phila	les I	Pa.			U.S.	.A.
13	. FATHER'S NAME				14. MOTHER'S AV	AIDEN N.	AME				
		Paul B. Sl	oat				Beckley				
15	S. WAS DECEASED EVE			SOCIAL SECURITY NO. 17: IN	FORMANT ()	n	4	Address	Phil	a 18.	Pa.
1,	No No	(If yes, give war or dates of s	ervice]	F	il B. Al	(na)	1610				verock
		H [Enter only one caus	e per line i	or (o), (b), and (c).	1,-37	-11				INTERVAL I	
ı		H WAS CAUSED BY	Car	rebral hemor	nhoge_f	noot	haned	skull-	_	ONSET AN	hours.
ı	8/2X	DUE TO		CONTAT HOUSE	111084-1	1 ac	our ca	DRULL.		-	HOUL'S.
П	Cenditions, if on										
ı	gove rise to immedi	iole couse									
ı	(a), stating the us	nderlying (c)_									
Z	PART II, OTHE		ITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO TH	E TERMIN	NALDISEASE CO	NDITION GIV	VEN IN PART	1(o) 19. W	AS AUTOPSY
15A											ERFORMED?
191	20a. EXTERNAL CAUS	SE WAS 206	. DESCRIBE	HOW INJURY OCCURRED. (E	ter nature of injur	v in Port	Lot Port It of it	tem 18.3		145	
CERTIFICATION	20g. EXTERNAL CAUSE PRIMARY (19 br CON CAUSE OF DEATH.	TRIBUTING		sing highway					277 001	2	
			20d, 1	NJURY OCCURRED 200. PLAC	E OF INJURY (Hor	me, form	120f. (City or)	iown)	OY CAI		(Stote)
MEDICAL	11 30m: 1			Not while ! focto	ry, street, office bl	dg., etc.)		n City	•		
1				emains described above					<u> </u>	777	Md.
			_					ection X,		_i⊾, ai	nd find that
	Gedili Tesoried	Tom: National C	20.65	J. Accident Lat. 2010	ide ∐' Hor	micide	, Unde	termined o	cause [].		
	ACTUAL	mal 1	VS	~ /	CHIEF MED	DICAL EV	AMINED IT			DA	ATE SIGNED
	SIGNATURE			X	, MLD.		L EXAMINER	1			
	EXAMINER'S NAME (Type)	Earl L.	Rover	G. H.D.			XAMINER X		-5-59	•	
77	o. BURIAL, CREMATION			22c. NAME OF CEMETERY OR						Da	ma.
1	REMOVA (Specify)	7-9-1959		Mt Olivet Cer			22d, LOCATION		•		rland Co
23	FUNERAL DIRECTOR'S			ADDRESS			BY REGISTRAR		STRAR'S SIGN		rand Co
5	8.1040	21/21/21	2/0	6 11 1301	Ut no						
4	100017	we jour	- 110	136. 1 10-67.	2727	ATE AU	G 3 '59		athur &	Kand	
				7	LACKE,	160	y				





Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY MARGES c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) e. IS RESIDENCE YES TO NO DA Month Year Day ک 19 IF UNDER TYPAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Doys Hours Str 12 CITIZEN OF WHAT COUNTRYS Address INTERVAL BETWEEN 18 elear PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES TO NO TO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (County) (Stote) ___that I last saw the deceased M. fram the causes and an the date stated above ADDRESS (Street, culv or town, state) DATE SIGNED PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) **FUNERAL DIRECTOR'S SIGNATUR ADDRESS** 24o, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE C-thur of through

9 VS A15 (4) 15M 9/55



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

05/3

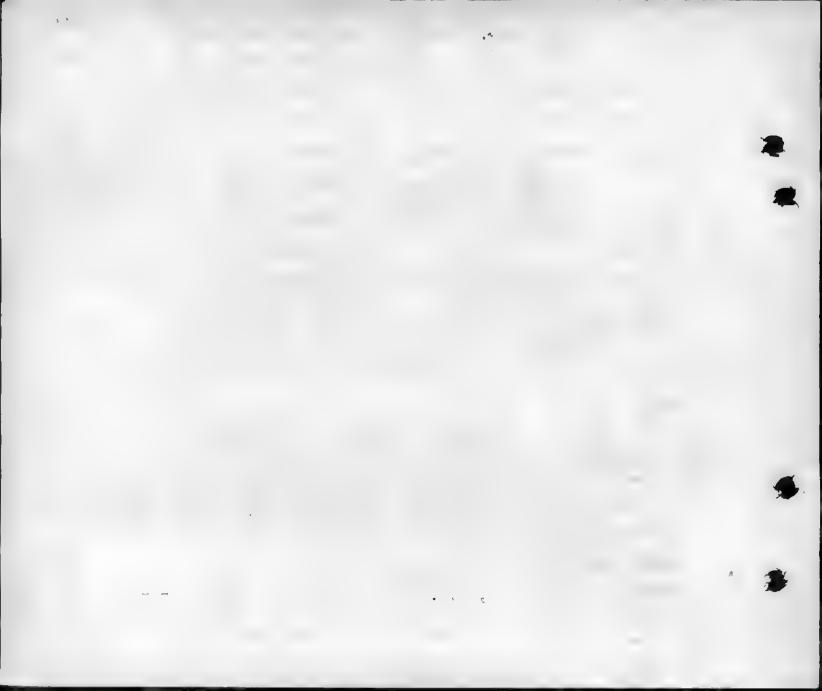
ļ		004	O CERT		AIL OI	DEATI	•		Reg. Dist	. No.	
1.	PLACE OF DEATH WICOMI	.co	MAI	RYLAND	2. USUAL RES	Mary		d lived. If instit b COUN		before odmi	ssion)
	b CITY OR TOWN (If outside corporet RURAL and give nearest town) Sallsb		c. LENGTH OF STA	A IN 1P	c. CITY OF		utside corpo	rote limits, write	RURAL and gi	ve nearest tov	vn)
	d. NAME OF HOSPITAL (If not in hosping Institution 213 Wa	-	oddress) ton St		d. STREET	ADDRESS		ngton	St	ON.	SIDENCE A FARM2
3	NAME OF DECEASED (Type or print) MA	RION	KIBBJ		SMI	rH	4. DATE OF DEATH	JUI	LY 9	_{Doy} th	Year 19 59
	Male White	WIDOW		CED 🔲	s. date of bir Sept.	14,1		9. AGE (In year lost birthdoy	is IF UNDER 1	YEAR IF UNE	1
E	o. USUAL OCCUPATION (Give kind of a during most of working life, even if reformer Employee—	Hired)			tired)			Island		US A	COUNTRY
13	. FATHER'S NAME				14. MOTHER	'S MAIDEN N					
	George L. Smit	h				Mary	L. F	rice			
15 17	(was deceased ever in u s armed (es, no, or unknown) (if yes, give war or dat Unk	es of service)	· · · · · ·	l'ir.	Sali:	Smit: sbury	h(Wif	e)21 3 ^ yland	Wäshii	ngton	St.
	Conditions, if any, which)	8Y:	ine for (o) (b), and (c	:).] • <u>~~</u>	rry	The	sm	Rose	,	INTERVAL B	DEATH
~	lying couse lost.	(c)									
CATION		emw	ma l	nes	-				GIVEN IN PART	PERF	AUTOPSY ORMED?
L CERTIF			CRIBE HOW INJURY	OCCURKE	D (Enter noture	of injury in P	ort Lar Par	t II of item 18.)			
MEDICA	20c. TIME OF INJURY Month, Doy, Hour o.m. p. m.	Year 20d. I While at wor		20e. PL for	ACE OF INJURY ctory, street, offi	(Home, form, ce bldg., etc.	20f. (City	or town)	{Co	unty)	(State
	21. I certify that I attended	the deceas	sed fram.		. 19. 🕹	o, ta	9-0	Z, 19 . L	5.that I las	saw the c	decense
	alive on 7 - 9	, 125	T, and the	at death			A, fram	the causes o	and an the	date state	d above
			2 1					reet, city or tow			TE SIGNE
	SIGNATURE Tuely	o at	fusky	/_	M.D			J	uly	/1	959
	PHYSICIAN'S Dr. Phill	р А.	Insley		116 E.	. Mair	n St.	Sali	sbury,	Maryl	and
22	o. Burial cremation, 226. date the removal (Society July	12,19	22c NAME OF CEA					allsbu	, ,	ylano	
	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			24a. REC'E	BY REGIST	RAR 24b REG	GISTRAR'S SIGN	NATURE	
h	IOLLOWAY & COMPA	NY SA	ALISBURY	MAR:	YLAND	DATE J	UL 1 4	'59	Orthur S.	Kinna	



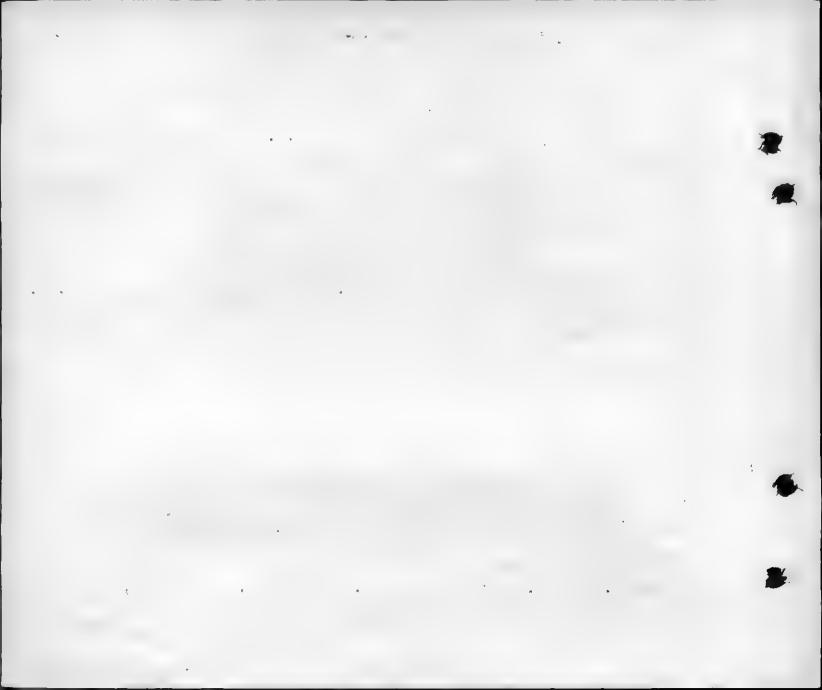
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08537 854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. cremoti 2. USIJAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY M b. COUNTY e. STATE Wicomico MARYLAND Balt more Marvland necessory, pl b. CITY OR TOWN (15 outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest town Catonsville. Salishurv d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 69 Prederick Road YES NO Peninsula General Hospital NAME OF 4. DATE First Middle Month Year unero DECEASED OF DEATH 59 (Type or print) John Stang 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Dayı Hours Min. s to tretained WIDOWED [DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 6 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOY n 24 hours of Pages 1, 2 Page 5 may poges 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wer or dates of service) File PM3. Po permit. 18. CAUSE OF DEATH | Enjer only one cause per line for (o), (b), and (c). INTESVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acuto manancetiti olong with ford 0 1.4 **DUE TO** Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoling the underlying couse lost. pending III 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY ő PERFORMED? used o NO [200 EXTERNAL CAUSE WAS PRIMARY OF OCUMENTAL CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or Jown) (County) (Stote) factory, street, office bldg., etc.) rriting the of Medicon R: Poge 3 s Rour While Not while a. m. of work of work p. m. 2). I certify that I took charge of the remains described above, held an Autopsy 🗔 Inspection K. Inquiry . and find that o the Chief / DIRECTOR: F death resulted from: Natural causes XI, Accident . Suicide , Homicide , Undetermined cause **DATE SIGNED** ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forword D FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 7 m 6 m 5,0 NAME (Type) DEPUTY MEDICAL EXAMINER Hari Rover. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or couply) (Stote) REMOVAL (Specify) 0 ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE JUL 1 0 '59

VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS. A15ME(5) 5M 9/55

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2	e;	he Chief Medics Examiner's Office along with farm PM3. Page 5 may be retained for you	E.	
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The state of the s	0	light.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registra	C

	MARY	LAND S	TATE DEPART	MENT OF I	HEALT	H-BAI	TIMORE,	18	()	65	20
	8540	EDICA	L EXAMINER	R'S CERTI	FICA	TE OF	DEATH	Ban Di			o g
PLACE OF DEATH				2 USUAL RE	PSIDENCE (V	Vhere decen	ed lived. If Institu	Reg. Di			eiseinn?
a. COUNTY	Wicemice		MARYLAI	a CTATE		rvlan	 b. COUNT 	Υ			
b. CITY OR TOWN and give negrest to	(If pulside carporate finish, we		c. LENGTH OF STAY IN	lb c. CITY O			porate limits, write			earest to	
	isbury				Pa	c emok		2 3 11	1	2	
d. NAME OF HOSP	ITAL OR INSTITUTION	(If not in hos	pital, give street oddress)	d. STREET		S MARKE		-	7		RESIDENCE
Penir	sula Gene	ral F	lespital								NO [
3. NAME OF DECEASED	Fi	rat	Middle	ما	st	4. DATE OF	Month	h	Day	1	Year
(Type or print)	Willi	7		Thomas		DEATH	7	6		1	1959
5. SEX	6. COLOR OR RACE		D NEVER MARRIED	8. DATE OF BIRT	H		9. AGE (In years lost birthday)	Months I	TYEAR Days	Hours	DER 24 HRS.
M	C	WIDOWEE		10-23			19yn.				
during most of work	IION (Give kind of work king life, even if retired)		IND OF BUSINESS OR IND		LACE (State	or foreign c	ountry)	12. CITIZ	ZEN OI	F WHAT	COUNTRY
13. FATHER'S NAME	rer	E.	<u>lectric</u> She		ergi			U	S	<u> </u>	
	- m)			14. MOTHER'S	_	IAME					
George 15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES2 11A	SOCIAL SECURITY NO. 17		ela		Address				<u> </u>
(Yee, no, or unknown)	(If yet, give war or dates of	service)	261-58-7617		1 Ka	112		o Ma	3		
	ATH [Enter only one co			Daning	T Ve		Pecemek	W PH		VA. BETW	ÆEN
	ATH WAS CAUSED BY:		telecti	si					ONSE	Hou	
181×	DUE TO	1.1	0	PI	V_n	C				1 -	
Conditions, if gove rise to imm		/ 4	- And Market	-0/	ر جريد -	n	-			41	heur
(a), stating the cause last.		B	alled a	John	9 7	he he	l		1	1 h	ours
PART II. O'	THER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BL	T NOT RELATED TO	THE TERMI	NAL DISEAS	CONDITION GIV	EN IN PART	1{a} 15		
PART II. O' 200. EXTERNAC O' FRIMARY O' CAUSE OF DEATH					,				Y		NO 📗
200. EXTERNAL CA	AUSE WAS 20		HOW INJURY OCCURRED								
		S	Shet in nec	k durin	g a	quarr	el.				
20c. TIME OF INJ		or 20d. If	Not white -	PLACE OF INJURY (octogy, street, office	(Home, form	1 7		(Cau			(Stote)
	L.M. 7-5+		k ot work 🔼 M8	pre Gri	.11	Pr1		mn,			45"
			emains described a						/ <u>I</u>	and	find tha
death resulte	d from: Natural	causes [, Accident , S	uicide 🔲, 📑	lomicide	Ur Ur	determined c	ause 🔲.			
ACTUAL	2	R	20.0	Curr						DATE S	SIGNED
SIGNATURE		_ <u> </u>	\	manus Milita	WEDICAL EX	AMINER []					
EXAMINER'S NAME (Type)	Earl L. R		M.D.			XAMINER .		9-59			
220. BURIAL, CREMATI REMOVAL (Specific	ON, 226. DATE THEREC	OF	22c. NAME OF CEMETERY	OR CREMATORY			ION (City, Iown, o			(Stok	e)
Burial	1-13-55	9	Wardtown				omoke, h	Maryla	and		
23. FUNERAL DIRECTO		lane Ob	ADDRESS			BY REGISTI		TRAR'S SIGI	4		
Edgar Wh	narten N	ew CI	urch, Va.		DATE	1 5 '59	CIM	hug S. 9	Lenned		



oth. Page		eral director	be filed with	
ours after de	1	the fund	nd 2 should	
TO HOSPITAL OR ATTENDING P CIAN: The law requires that the death certificate be executed.	ŀ	TO FUNERAL RECTOR: After this certificate has been signed by the ottending physician and campletal filled Aprile funeral director	page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papeys. Pages I and 2 shauld be filed with	I
e be executed		an and camp	carban paper	after death.
eath certificat		ending physici	ease remave	the registrar prior to burial, cremation, ar removal, and in any event with a 72 hours after death.
res that the d		ed by the offer	rmit. Then pl	any event wi
he law requir	physician.	nos been sign	rial-transit pe	naval, and in
CIAN: T	Sillending	s certificate h	use as the bur	nation, or rer
TTENDING P	may be read by the haspita. Thending physician	IOR: After thi	detached for .	la burial, cren
PITAL OR A	e rej	RAPPRECI	shauld be a	listrar prior t
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VS A15 (4) 15M 9/5B

	MAKTLAND	STATE DEPAKIM	EM OF HEALIN	-BALIIMO		r A is	
	8547 CERTIFICATE OF DEATH Rog					540	
Ī	PLACE OF DEATH COUNTY Wicomico	MARYLAND	2 USUAL RESIDENCE (When	1 4	f institution. Residence before Wicomi		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Salisbury	c. LENGTH OF STAY IN 1b	E. CITY OR TOWN (IF all Salis		, write RURAL and give ne	earest town)	
	d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION Pen Gen Hos	oddress) pital	d STREET ADDRESS 206 R	ace St		e. IS RESIDENCE ON A FARM? YES NO A	
3	NAME OF DECEASED (Type or print) HENRIETTA	Middle CATHERINE	TINDALL	4. DATE OF DEATH		oy Year Ch 19 59	
	Female White WIDOWE	ED N DIVORCED	B. DATE OF BIRTH July 23,187	9. AGE (in years IF UNDER 1 YEA Menths Deys	Hours Min.	
L		kind of Business or Indu None	Georgetow			S A	
1	John G. Holloway		14. MOTHER'S MAIDEN NA Annie Hic				
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) [If yes, give war or dates of service]	SOCIAL SECURITY NO.	y Joshua C.H Salisbur		Brother)20	06 Race St	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause lost. DUE TO Lying cause lost.	eroning A	till ole li	art Mi	sease mange	ISET AND DEATH	
	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	ALD SEASE CONDIT	TION GIVEN IN PART T(b)	19. WAS AUTOPSY PERFORMED? YES NO 🔀	
- 1		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	rt tor Port II of den	n 18.)		
61671	20c TIME OF INJURY Month, Day, Year 20d. It Hour o. m. 19 white of worl	Not while for	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	20f (City or town)	(County	(Stote)	
	21. I certify that I attended the decease olive an		accurred at 2:50 A	A, from the cau		w the deceosed e stoted abave DATE SIGNED	
PHYSICIAN'S Dr. Carrie Hearn N.Division St. Salisbury, Maryle						ryland	
2	220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City. town, or county) (Stote) REMOVAL (Specify) July 29,1959 Parsons Cemetery Salisbury, Maryland						
2	B. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY	ADDRESS SALISBURY MA	ARYLAND DATE JUL		46. REGISTRAR'S SIGNATU Cuilling & Kinn		



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1. PLACE OF DEATH

OR INSTITUTION

o. COUNTY

3. NAME OF

S. SEX

DECEASED

(Type or print)

Female

13. FATHER'S NAME

No. no. or unknown)

lying couse lost.

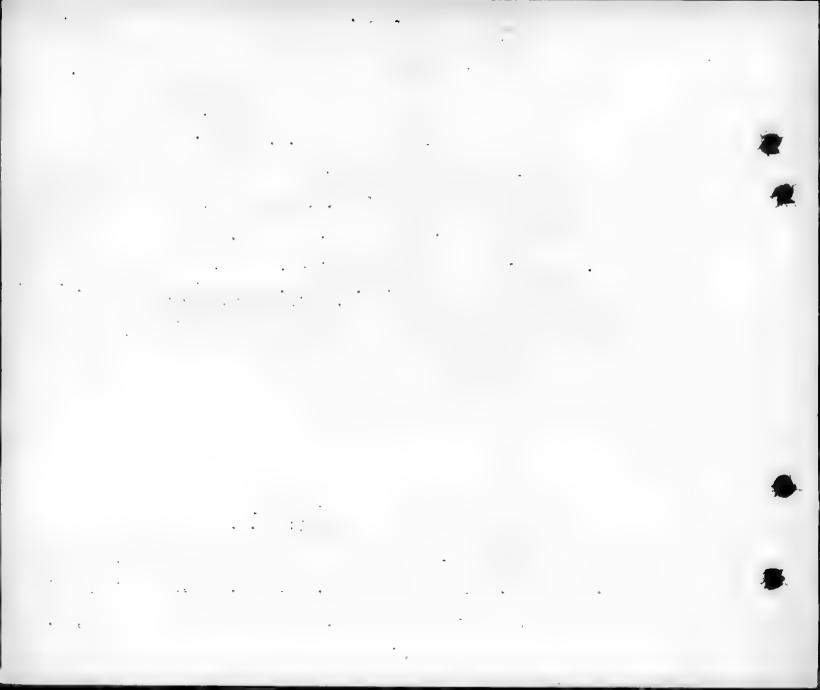
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 118547 8548 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Wicomico b. COUNTY Maryland Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury Salisbury (Rural e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL (If not in hospital, give street oddress) Ad. STREET ADDRESS YES X NO T Spring Hill Private Sanitarium (Union Road 4. DATE Middle Month Day MARY JANE TOADVINE JULY 19 59 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12 B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Sept.8.1884 White WIDOWED [7] DIVORCED | 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? House Work at Ho None Wicomico Co. Maryland Work at Home 14. MOTHER'S MAIDEN NAME Alfred P. Toadvine Margaret Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Mrs. David H. Wimbrow (Sister) 106 W. Locust Salisbury Maryland INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per line for (pr), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the under-PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While Not while of work of work 1947. That I last saw the deceased 21. I certify that I attended the deceased from.__

20a ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month. Hour o.m. p. m.

_, and that death accurred at 9:15M. From the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE

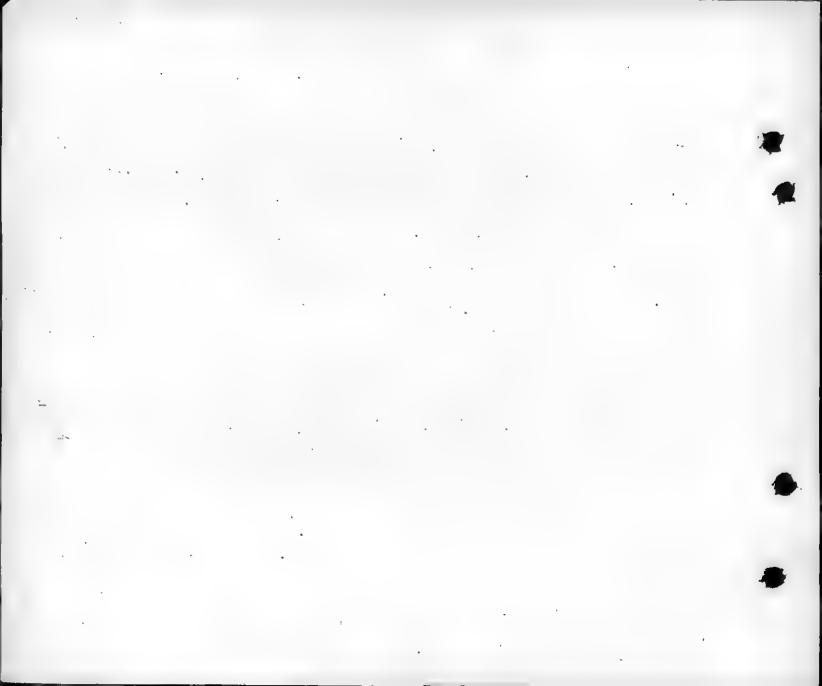
PHYSICIAN'S Dr. Philip A. Inslev 116 E. Main St. Salisbury, Maryland 22b. DATE THEREOF 22d, LOCATION (City fown, or county) 220 BURIAL CREMATION 22c NAME OF CEMETERY OR CREMATORY (Stote)

REMOVAL (Specify) Fruitland Meth. Church Cemetery-Fruitland. Md. 6.1959 24b. REGISTRAR'S SIGNATURE **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR HOILOWAY & COMPANY SALISBURY, MARYLAND Circles S. Fires DATE UL 8



PACE OF DEATH Reg. Dist. No.			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18 08542
DECIDITY OF COUNTY OF COUN			8549 CERTIFICATE OF DEATH	
RUBAL ORD GIVE photospiral, give stress address) OR INAME OF MOSTRIAL (it gorfin puspiral), give stress address) OR INAME OF DISTRICTION OR INSTITUTION S NAME OF DISTRICTION OR INTERVAL PHOTOSPIRAL (it gorfin puspiral), give stress address) S NAME OF DISTRICTION OR INTERVAL PHOTOSPIRAL (it gorfin puspiral) S SEX A COLOR ON RACE [7. MARRED] NEVER MARRED NAME OF BIRTH DEATH		.,	COUNTY VICEMICE MARYLAND O. STATE D. COUNTY	MORCESTER
SAME OF PACE ASED Gran Middle Cast Gran Middle Cast Gran Middle Cast Gran Middle Cast Gran Middle Gran Middle Gran Gra	Ti.	e,	RURAL and give nearest tawn) A CRU / N NAME OF HOSPITAL (If got in haspital, give street address) / d. STREET ADDRESS	e. IS RESIDENCE
DECEASED (Type or pinit) S SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED NE	Ä	12	NIADUA GENERAL HUSPIAL KED #2	YES NO
MIDOWED DINOCED JAN 9 18 78 8 yr.	×-		ECEASED /	1 24. 1950
Address The part I. Other signaturing of cause porting to to the part and the part		/	MALE WIDOWED DIVORCED JAN 9, 1878 BITHOUSE	Months Days Hours Min
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Address Constitution Const			RABBER WATER BERUN MID.	UL SID
IB. CAUSE OF DEATH Enter only one course per line to (a), (b), and (c).] IB. CAUSE OF DEATH Enter only one course per line to (a), (b), and (c).] PART I. DEATH WAS CAUSE (b)		E	BENEZER WAINWRIGHT HOSTER JARY	15
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)		15 (Ym	no, or uthinown) (IF yes, give wor or dotge of service)	- 1350. N
Conditions, if ony, which gove rise to immediate couse (p), stoling the under. Plant II. OTHER SIGNLEJCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DISEASE CONDITION GIVEN NOTART 4(p) 19 WAS AUTHER TO THE TERMINAL DIS			PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
Part II. OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NEART 1(0) 19 WAS AUTHORITY OF COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NEART 1(0) 19 WAS AUTHORITY OF COUNTRIBUTIONS CONTRIBUTIONS CONTRIBU			gove rise to immediate (8) te ple roseleroas	
20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of Injury in Port 1 ar Part II of Item 1B.) 20c. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of Injury in Port 1 ar Part II of Item 1B.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) 21. I certify that I attended the deceased fram 19 , that I last saw the deceased and an the date stated and an apportant of the stated and app		NO.	lying cause lost. (c)	IVEN DEPART 1(0) 19 WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of the last saw the december of the last saw the last saw the december of the last saw the december of the last saw th	a	RT.FICAT	200. ACCIDENT WAS EINDERLYING TI 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of Injury in Port) or Part II of item 18.1	2 - 1 1
alive an		MEDICAL CE	20c. TIME OF INJURY Month, Day, Year 20d. !NJURY OCCURRED Hour o. m. 20d (City or town) factory, street, office bldg., etc.)	(County) (State
ACTUAL SIGNATURE ALL A SIGNATURE M.D. CLEABURY Had felle 24 PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 17 26 9 PL LER SIDE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2 24g. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 2 PROPERTY 24g. REC'D BY REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 2 PROPERTY 24g. REC'D BY REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR'S SIGNATURE			1700	. //
NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. toCATION (City, town, or county) (Stole) County				DATE SIGNE
REMOVAL (Specify) 17 28/59 RIVERSIDE BULLER SIDE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1			
(2) M (3) 28 59 Cirling S. Thanks		220	REMOVAL (Specify) 17/28/59 RILLERSIDE Berlin	md
		23.	6) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPIT

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8568 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLANE		O STATE	Rryla:		If instituted COUNTY	Wicc	e before	odmission)
b. CITY OR TOWN (I RURAL and give no	f autside corporate limi	its, write 1e	c LENGTH OF STAY IN 18		city or town	i (If outside o			URAL and gi	IVe negre	est fown)
d NAME OF HOSPIT OR INSTITUTION	R.D.# 1	give street (oddress)	1	d. STREET ADDRES	ss • D • #	1				IS RESIDENCE ON & FARM? YES 1 NO 1
3. NAME OF DECEASED (Type or print)	CASH		Middle EDGAR		WELLS	4. DA	TE ATH	JULY	A colors	th	Year 19 59
5. SEX	6 COLOR OR RACE	7 MARR	IED KNEVER MARRIED	4	ATE OF BIRTH		9. AG	E (In years			F UNDER 24 HRS
Male	White	WIDOWE	DIVORCED	M	ay 20,18	391	100	birthday)	Months I	Dolish	Hours Min
10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State or fore	gn country)		12.CIT1Z	EN OF V	VHAT COUNTRY?
Farmer	my me, even in remed	"	Farming		Susse	x Co.	Dela	aware		U S	5 A
13. FATHER'S NAME				1	4. MOTHER'S MAID						
William H	B. Wells				E lari:	ssa D	onawa	ay			
1S. WAS DECEASED EVE			SOCIAL SECURITY NO	INFO	Kosie E Pittsvi	Well	s(Wif	e∤R. Land	ש.#	1	
Conditions, if a gave rise to it cause (o), stating lying cause lost.	the under DUE TO	1	utial oto	232 BUT NO	T RELATED TO THE	TERM.NAL DI	SEASE CON	DIT ON GIV	EN IN PART	1(a) 19.	WAS AUTOPSY PERFORMED?
PART II. OTH	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUP	RED. (E	inter noture of inju	ry in Part I o	r Part II of	item 1B)			YES 🗌 NO 🛣
20c. TIME OF INJUR Haur o. m. p. m.		ar 20d 11 While at wor	Not white		OF INJURY (Home,		(City ar tov	wn)	(C	aunty)	(State)
alive an	at Lattended the	300	and that dec	M.D		ADDRE	SS (Street, c	causes an	d an the	date	the deceased stated above DATE SIGNED
PHYSICIAN'S DI			sley		Marylan	a Ave	. Sa.	Lisbu	ry, M	ary.	Land
220. BURIAL, CREMATIO REMOVAL (Specify)	July 10		22c. NAME OF CEMETERY 9 Pittsvil			1		City, town, o	or county) , Mai	ryla	(State)
23. FUNERAL DIRECTOR			ADDRESS		240.	REC'D BY R	GISTRAR	24b. REGI	STRAR'S SIG	NATURE	
TIATT ATTATE (& COMPANY	CIA	LISBURY MAI	TVC	AND DAT	5111 1 4	100	0 1	lun & to		



VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8550 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Dist.	

·									
1. PLACE OF DEATH			2. USUAL RESIDENCE (V	Where deceased lin		Residence before	e admission)		
Wicomico Marylano 0. STATE Maryla					b. COUNTY				
b. CITY OR TOWN (IF a send give negret lown)	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 15	e. CITY OR TOWN (II	AL and give nea	rest fown}				
			Berlin			3			
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in hos	nital aive street address	d. STREET ADDRESS				. IS RESIDENCE		
				" -			ON & FARM?		
	a General Hos	pital	lRout	te # 3			YES NO 🗆		
NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day	Year		
(Type or print)	Alfred	Francis	White	DEATH	7-	10-	19 59		
. SEX	6. COLOR OR RACE 7. MARRIE	D 12 NEVER MARRIED 8.	DATE OF BIRTH	9. A	A S. Land A. L. Co. C. C.		UNDER 24 HRS		
M	TAT WIDOWED	DIVORCED T	MAY AN 1	1920 "	Del yrs. Mo	nths Doys F	lours Min.		
Dri. USUAL OCCUPATIO	N (Give kind of work done 10b. K		Y 11 BIRTHPLACE (Stole			2 CITIZEN OF V	WHAT COUNTRY		
during most of working	lifes even if retired)		0.		111	11 0			
CHICKEN	KAIS GR KIM	ICKEN THRY	THESONS	GURG-	1-(1)	ر ب	1 -		
3. FATHER'S NAME	V. 1		14. MOTHER'S MAIDEN I	()					
FICTEL	- VITHITE		GEORG-	15 17	+ RSON	45			
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address		0		
V=5	WORLDIL		IR. ESTEL	- VVHI	TG 5	FAFU	ed Der		
18. CAUSE OF DEAT	H [Enter only one cause per line I	for (a), (b), and (c).]				INTERVA	L BETWEEN AND DEATH		
PART I. DEATH WAS CAUSED BY:									
0/X	8/X DUE TO								
	Conditions, if any, which gove rise to immediate cause								
(o), stating the underlying (DUETO									
couse last. (c)									
PART II. OTHI	ER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE COI	NDITION GIVEN I	N PART 1(0) 19.	WAS AUTOPSY PERFORMED?		
₹							NO 🗆		
PART II. OTHI	SE WAS 20b. DESCRIBE	HOW INJURY OCCURRED. (E	ter noture of injury in Por	rt I or Port II of its	ım 18.)				
E PRIMARY LITER CON	Shot		ing a dome		uarrel.				
			E OF INJURY (Home, form			(County)	(Stote)		
	had he		ry, street, office bldg., etc.	.3			0.03		
	7-9+59 While		n home.		in Worc	ester	Md.		
21. I certify the	at I took charge af the r	emains described abay	re, held an <u>Autaps</u>	y 🔼 , Inspe	ction 7, 1	nguiry 🔼 ,	and find the		
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .									
	Je L., A								
ACTUAL /	Cart VV	12	AL D. CHIEF MEDICAL E	VALUED [ATE SECURE		
SIGNATURE		1	_M.D.						
EXAMINER'S	D 3 E D	he n	ASSISTANT MEDIC			2 50	DE		
NAME (Type)	Earl L. Royer	F'M.D.	DEPUTY MEDICAL	EXAMINER []	(-T	3-59 _{0 7}	3 CHINI		
120. BURIAL, CREMATION REMOVAL (Specify)	1 11/1/100	22c. NAME OF CEMETERY OF	GAGTER)	22d. LOCATION	(City, town, or co		Istoles /		
3. FUNERAL DIRECTOR'S		ADDRESS	/ 24a. REC	D BY REGISTRAR	24b. REGISTRA	R'S SIGNATURE			
Anna	A. (Surbar	/serlin n	DATEJU	1 1 6 '59	Crithing	8. Krush			
			DATEJU						

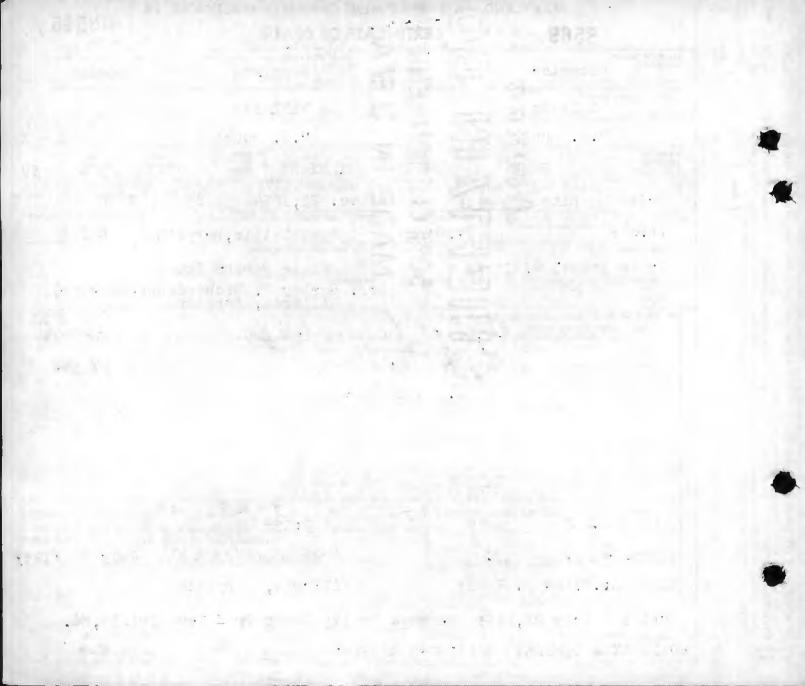


after death. requires that the death

VS A15 (4) 15M 9/5B

08545

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO NO Day Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? Richardson (Daughter) INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO (County) (Stote) 195 4 that I last saw the deceased and that death accurred at 2:15PM, from the causes and an the date stated above. DATE SIGNED 950 (Stote) Powellville.Md. 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR HOLLOWAY & COMPANY SALISBURY MARYLAND Cilling S. Frank 28 '59 DATE AND



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8551

CERTIFICATE OF DEATH

118546 Reg. Dist. No.

-	
	o. COUNTY 100 MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) or STATE (Where deceased lived. If institution: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISIOUR 4 C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FINE RAL HOSPITAL VES NO DELLERAL VES NO DELLE
	NAME OF DECEASED (Type or print) Saac Middle Windsor Death July 29th 1959
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH No.
	Oa. USUAT OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) Adversed to the country of working life, even if retired) And the country of th
	Lacoe figures Mindson Jusa M. Ford
	5. WAS DECEASED EVER'IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Princes Come of unknown) If yes, give wor or dates of service) Mus Helen Windser Princes Come 7.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b) Ventricular Librallation 1 hr.
	gove rise to immediate couse (a), stating the under: DUE TO CENCICLO Control of States St
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. Pown 19 19 19 19 19 19 19 1
	21. I certify that I attended the deceased from 1/1/2, 19 1/4, to 1/2/2, 19 1/4 that I last saw the deceased alive an 1/2/2 and that death occurred at 1/2/2, 19 1/4 that I last saw the deceased alive an 1/2/2 and that death occurred at 1/2/2, 19 1/4 that I last saw the deceased alive an 1/2/2 and that death occurred at 1/2/2, 19 1/4 that I last saw the deceased alive an 1/2/2 and that death occurred at 1/2/2 and that death oc
1	PHYSICIAN'S NAME (Type)
	20 BURIAL, CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or county) (Stote)
	SEMPLERAL DIRECTOR'S SIGNATURE ABORESS ABORESS DATE AUG 3 '59 Orthor S. House

